21E INJURY OCCURRED

Not while

at work

While

22. I hereby certify that I attended the deceased from 2 Feb

9 Feb 1956

REGISTRAR'S SIGNATURE

at work

(Day) (Year) DEATH: February 9. AGE last birthday IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Days Hours COUNTRY? US INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES TO NO T (County) (State) 21F. HOW DID INJURY OCCUR? , 1956, to 6 Feb , 1956, that I last saw the deceased 1956, and that death occurred at 4:20PM, from the causes and on the date stated above. R. CONNEILY CAPT MC, USN U. S. Naval Mospital, NNMC, Bethesda, Maryland LOCATION (City, town, or county) Arlington National Cemetery, Arlington, Virginia 24R FUNER Pumplifey Funeral Home Wisconsin Avenue, Bethesda, Md.

S

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

alive on 6 Feb

BURIAL, CREMATION.

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

SIGNATURF2

REGISTRAR Feb 1956

OF INJURY

07

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BUREAU V. S.

FR 14 1956

BECEINED

OR WRITE PLAINLY, WITH UNFADING INK.

The

Supply every item of information carefully.

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U1879

1917 CERTIFICATE OF DEATH

Reg. Dist. No. 2 /6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE GEORGIA COUNTY Terrell
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Kensington	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN DAWSON
HOSPITAL OR INSTITUTION OR Carroll Hall Rest Home	STREET (If rural give location) Johnson St.
DECEASED: ADA MINISTRA	Last) 4. DATE (Month) (Day) (Year) OF
12390 01 21110)	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IS UNDER 14 HE
Female White (Specify): Widowed Oct. 1	? 1877 78 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife Housework	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas C. Turner	Elmira Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Panagt M Allon
(Yes, no, or unk.) (If Yes, give war or dates None	8507 Hazelwood Dr. Bethesda, Md.
18. MEDICAL CERTIFICATI	ON INTERVAL BETWEEN ONSET AND DEATH
450.0	ordial failure acute 18 hours
IMMEDIATE CAUSE (A) MYOCO	exalal sallare acale 18 hours
ANTECEDENT CAUSE (\$\cdot\)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	-sclerosis generalised - years
260 X (c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	betes mellitus 2 years
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7.66	1 , 1953, to 7 = 8 25, 1956, that I last saw the deceased
alive on Feb 24, 1956, and that death occurred at SIGNATURE	5 AM, from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	D. Bethesda Mol. 2/26/56 RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial-Transit 2-25-56 Dawson Cem	netery Terrell Co. Ga.
	24, FUNERAL DIRECTOR ADDRESS



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INSTRUCTIONS

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death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01880

1918 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MONTGOMERY MARYLAND	STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give nearest town)
OR and give naerest lown) TOWN SILVER SPRING (In this place)	OR TOWN SILVER SPRING
HOSPITAL OR INSTITUTION OR STREET ADDRESS 807 SILVER SPRING AVENUE	STREET (If rural give location) ADDRESS 807 SILVER SPRING AVENUE
3. NAME OF (First) (Middle) DECEASED (Type or Print) ARTHUR PARNELL	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH FEB. 22 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED DIVORCED JUNE JUNE	OF BIRTH 9. AGE last birthday 13, 1896 9. AGE last birthday Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even If relired) AUTO SALESMAN — RETIRED	11. BURTHPLACE (State or foreign country) PEN ARGYLE, PENNSYLVANIA 12. CITIZEN OF WHAT U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN ALLEN	MARY ARTHUR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unk.) (If Yes, give wer or dates of service)	MR. PARNELL EDGAR ALLEN, 807 Silver Spri
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION Silver Spring, Managar Between ONSET AND DEATH
420, 1 IMMEDIATE CAUSE (A) CORONARY 1	4ROMBOSIS 2 Are
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Ti Carana
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	er (History)
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. "AUTOPSY?"
	YES NO 🗹
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Homa, farm, factory, OF INJURY streat, offica bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) 21a. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 20 Fall	
alive on 22 Feb., 19.56, and that death occurred a SIGNATURE L. B. Snow M.D.	AM, from the causes and on the date stated above. 9013 Flowed Spring Md 22 F26. 195
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O BELFAST UNI	R CREMATORY LOCATION (City, town, or county) (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE 7/27/56 TRANSCE Coller	Warner 6 Tumphrey Silver Spring, Md.

ST JEORIFIAS-NULSE OF THEMSELTS THAT GRAPHAN

HIASO TO STADISTING

Sept. Burn.

Correction of American

EUREAU V. S.

LEB SL 1820



And the county for

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1919 CERTIFICATE OF DEATH

01881

Reg. Dist. No.

1. PLACE OF DEATH			-	2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY MONTGOM	ERY	MARYLAND		STATE D.C.	COUNTY		
CITY (If outside corporete limits	, write RURAL	LENGTH OF STA			orate limits, writa RURAL	and give nearest	town)
	SPRING	(in this plece) 5 yrs.		TOWN WASHI	NGTON		X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9410	SEMINOLE ST	REET		STREET ADDRESS 1310	BELMONT STR	ve location) EET, N.V	٧. /
3. NAME OF (First DECEASED		(Middle)		(Lest)	4. DATE (Mo	nth) (D	(Yeer)
(Type or Print) LIZZ		LBERTA	AN	DERSON	DEATH F	EB. 1	1 19 56
S. SEX 6. COLOR OR CEMALE WHITE	7. SINGLE, MAR WIDOWED (Specify) W	RIED, 8. DIVORCED 8. I DOWED 6	JULY	BIRTH 22, 1862	9. AGE lest birthdey 93 yrs.	Months D	EAR IF UNDER 24 HRS
De. USUAL OCCUPATION (Give kin done during most of working lift retired) HOMEMAKER	e, even if	OWN HOME		I. BIRTHPLACE (State or fore MONTGOMERY CO			CITIZEN OF WHAT
B. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
GREENBURY ROWZE				THOMAZINE M	ATILDA LEWI	S	
IS. WAS DECEASED EVER IN U. S. (Yes, no, or unk.) (If Yes, give war	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NONE	NO.	MRS. WM. H	. ABBOTT, 9		INCLE ST.
I DISEASES OR CONDITIONS DIREC	TLY LEADING TO DEATH	18. MEDICA	AL CERT	IFICATION			INTERVAL BETWEEN ONSET AND DEATH
1544 IMMEDIATE CAUSE	(A) Car	cinoma	Tos	ectum			5 ms
ANTECEDENT CAUSE(S)	DUE TO	_ ^		7			
DISEASES OR CONDITIONS, IF AN	NY, (B) ar	cenoma	07 /2	ecum			10 mgs
STATING UNDERLYING CAUSE LA			1				
TO THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	CONTRIBUTING TO THE						
19e. DATE OF OPERATION	19b. MAJOR FINDING	S OF OPERATION					20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING	□ 1 21 21 ACE (U-	The first feeting	1 01	Later on hindry o sel	(2)		YES NO
OR CONTRIBUTING [] CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINI	OF INJURY street	me, ferm, fectory, , office bldg., etc.)		:. WHERE DID INJURY OCCU	JR? (City of town)	(County)	(Stele)
21d. TIME OF INJURY (Month) (D	W	e. INJURY OCCURRED hile Not while work et work		IF. HOW DID INJURY OCCU	JR?		
22. I hereby certify that	I attended the dec	eased from	une	-, 19 45 to F	6.11 195	C. that I las	t saw the decease
alive on Fabra	., 19 56 , an	d that death Acco	urred at	10.A.M. from the	causes and on the	date stated a	above.
Samuel M	Boase	of M	D. 56	00 N.H. Are	Wash . T	vn, state)	JIL 156
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEME	TERY OR C	REMATORY	LOCATION (City, for		(Stete)
BURIAL	2/14/56	OAK HILI	CEMI	TERY	WASHINGTO	N, D.C.	100
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATUL	RE		25. FUNERAL DIRECTOR'S	SIGNATURE	3/3/ (ADE	DRESS VC
DATE 21/4/06	Mance	sile	4.4	varner 6.1.	umphel 137	ver Spr	ing. Md.

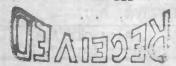
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	onc. 'ay, il.

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MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 1
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MORELY TONY MARYLAND	STATE MICH COUNTY MONEY	porof
OR and give nearest town) TOWN Author Author OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Russel Parkers here)	1/ 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) POBIC RT	(Last) 4. DATE (Month) (Day OF DEATH / /7 2-6	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): (Specify)	E OF BIRTH: 9. AGE last birthday: IF UNDER IN Months D	YEAR IF UNDER 24 HRS ays Hours Min.
work done during work life, even if retired to the control of the		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	•
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	klow ke
I8. MEDIC	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	(INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronry o	reclusion	sudden
DUE TO		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		** ******* ****************************
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	on deseave	4 2/22
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc CAUSE OF DEATH.		(State)
2Id. TIME (Month) (Day) (Year) (Hour) 2Ie. INJURY OCCURRED While at Not while INJURY M. work at work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🖂, Inspection 戻	, Inquiry 🙀 , and
find that death resulted from: Natural causes of, Acci-		
SIGNATURE Spand & Browhart	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	2-20-56
REMOVAL (Specify)	RY OR OREMATORY LOCATION LCity, town, or ex	Ounty) (State)
DATE REC'D BY LOCAL Y REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGG-21-5-6 Gertruck & Loweler	1/0, W. Bax bergale	will

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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DECEIVED

BUREAU V. S.

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BUREAU V. E.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15-10-53

MARYLAND STATE DEPARTMEN'	T OF HEALTH—BALTIMORE, 18 (1885
1922 CERTIFICATE	E OF DEATH Reg. Dist.	No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY Montgomery MARYLAND	STATE Wyoming COUNTY -	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town
OR and give nearest town) Y TOWN Bethesda (in this place) 16 days	or Town Lusk	7 X - 3
HOSPITAL OR Man Clinical Contant	STREET (If rural give location) ADDRESS	
50 STREET ADDRESS National Inst. of Health	hhh Barrett Boulevard	
		Day) (Year)
OECEASED: (Type or Print) Alice Catherine Ba	rrett OF DEATH: February	17, 1956
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE	of BIRTH: 9. AGE last birthday Months D	EAR IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Housewife	Nebraska	J.S.A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Dennis Donoghue	Catherine Rice	Medial
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
no of service) None	The medical record, The Clinic	cal Center
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	he Breast, Metestatie to	ONSET AND DEATH
ANTECEDENT CAUSE (\$)	Liver and lungs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
22. I hereby certify that I attended the deceased from Feb		
alive on Feb 17, 1956, and that death occurred at SIGNATURE	The Clinical Center	7 56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (SPECIFY) 2 -18-1956	ERY OR CREMATORY LOCATION City, town, or	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2-20 1956 Blaze M. Thompson	S. H. Hines Co. Washington	S.E.



BUREAU V. S.

VS A15 (4) 15M 9/55 RE

01886

1923 CERTIFICATE OF DEATH

eg. Dist. No. 211

	Keg. Dist. No. 0. 11
1. PLACE OF DEATH G. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) STATE MONTGOMETY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Lewisdale Life	Lewisdale, Maryland X
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS / e. 15 RESIDENCE ON A FARM? YK NO
3. NAME OF DECEASED (Type or print) Jesse J. Beall	Lost 4. DATE Month Day Yeor OF DEATH Feb. 21 1956
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 5. 1888 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HR. lost bighdoy) 67 yrs. Months Days Hours Min.
Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired) Farmer	11. BIRTHPLACE (Stote or foreign country) Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William C. Beall	Priscilla J. Beall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
No Unknown	Wife
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which)	tie condissoul desions interval BETWEEN ONSET AND DEATH
gove rise to immediate code (a), stating the under-lying cause lost. (b) DUE TO (c)	
CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
21. I certify that I attended the deceased from alive on 1956, and the death	h occurred atM, from the causes and on the date stated aba ADDRESS (Street, city or town, state) DATE SIGN
ACTUAL SIGNATURE SLANG V- COLOR	M.D. Dr. J. P. Kerr
NAME (Type) Dr. J. P. Kerr	Damascus, Maryland
Properties Feb. 24, 1956 Bethesd	or crematory and location (City, town, or county) Browningsville, Md. (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

Low L. Low Leaders, Marketalla, M. Cottenary Low L. Low L	TE OF DEATH	ORTHO - SS	
Lite J. Mary Land Self-Self-Self-Self-Self-Self-Self-Self-	An alice of the state of the rest of the state of the sta		Montagne ny
William Committee Committe		AND THE PROPERTY OF	elapal al
William C. See C			
Edines . Selicola and a selicola and			OR HOLL
	Abril 6, 1888 67 E Trock		
	and that		
	Principle J. Senil		William C. See
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1999 37 1956		A STATE OF THE PERSONNELS AND ADDRESS OF THE PERSONNELS AND ADDRES	
Daniel C. Dr. C. R. Morre	EUREAU V.		
	A AVEGIL		
	SEE ST. 1956	Light doll a	

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 01887
1924 CERTIFICATE	, , ,
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE Maryland county Montgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	The state of the s
56 TOWN SILVER SPRIND (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS 2410 ARCOLA AVENUE	ADDRESS 2410 Arcola Avenue
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) OTTO ARTHUR BECK 5. SEX: 6. COLOR OR 7. SINGLE MARRIED 9. DATE:	DEATH: FEBRUARY 22 1956
MALE WHITE WIDOWED, DIVORCED, (Specify): MARRIED JANUA	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HURS. AV /5/1885 7/ yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of working life, 1NDUSTRY:	
even if retired): FIREMAN FIRE DEPT 13. FATHER'S NAME:	MINNESOTA 4.S.A.
EFFORMING PIPOLEO	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: 17.	BARBARA JAHN
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:
YES 1 1906 to 1910 100	CASSIE NELSON BECKER
IS. MEDICAL COLLING TO DEATH:	INTERVAL BETWEEN
1/20.	ONSET AND DEATH
DUE TO	CLUSION (THROM BESIS)
Antecedent cause(s) Diseases or conditions if any. (b) CORONARY ARTER	V HEART DISEASE
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS:	MILD)
Conditions contributing to the death but not related to the disease or condition causing death.	
19a, DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	ONE Yes No
SUICIDE HOMICIDE NONE OF office bldg., etc.)	(CFTY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work a twork	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept	, 1950, to FeB. 22, 1956., that I last saw the deceased
alive on FeB. 18, 1936, and that death occurred at	
SIGNATURE (DEGREE OR TITLE	ADDRESS DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERS Arlington Nat	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 8434 Georgia ave.
REG. 2/23/56 Stances Coller &	Darner & Lumphrey Silver Spring, Md.

BUREAU V. S.

FEB 27 1956

DECENTED

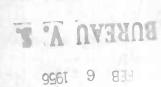
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HOSPITAL

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C.V. UALNUZ.			
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LEB S.A. JORG			Commission of the commission o
S .V UAZINU V. S.			Committee of the commit

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The	MARYLAND STATE DEPARTMEN	V1889
	1926 CERTIFICATI	2. USUAL RESIDENCE (HOME) OF DECEASED:
carefully legibly.	Montgomery MARYLAND	STATE Maryland COUNTY Montgomery
	CITY (If outside corporate limits, write RURAL OR and give nearest town) 5. TOWN Silver Spring 17 yrs	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
information	HOSPITAL OR INSTITUTION OR STREET ADDRESS 8301 16th St	STREET (If rural give location) ADDRESS 8301 16th St
of		(Last) 4. DATE (Month) (Day) (Year) OF DEATH: February 2 1956
of ite	Female 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. Sept Sept	9. AGE last birthday IF UNDER : YEAR HOURS 24 HRS. 81 yrs. Months Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker Own Home	Boston Mass 12. CITIZEN OF WHAT COUNTRY?
Supply ite the ca	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
. 1	JOSEPH D. MOTTISON 15. WAR DECEASED EVER IN U.S. ARMEO FORCES! 18. SOCIAL SECURITY NO.	Eliza Ann Roche 17. INFORMANT & ADDRESS: Mrs Daniel Gearhart
	(Yes. no, or unk.) (If Yes, give war or dates None	2801 Cortland Place N. W.
DING: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S)	Ton Washington, D. C. INTERVAL BETWEEN ONSET AND DEATH 7 days TENSIVE HEART DISC. 19-year
TH	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	cape le Raisi 204 +
- m	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1 obene nos. s
7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO (1)
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
>	OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?
TYPE OF	SIGNATURE	9, 19, to 19, that I last saw the deceased 630 M, from the causes and on the date stated above. ADDRESS DATE SIGNED
PLEASE	REMOVAL (SPECIFY)	Cemetery Location (City, town, or county) (State) Montgomery County, Md.
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAB/56 Trances totter	Warner L. Lumphry Silver Spring, Md.



DEALEDE

Kumku Bethesda



1927

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Mond you Gey MARYLAND	STATE COUNTY	
CITY (If outside corporate libits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
A TOWN Palleson 12 holds	TOWN WEDDINGSON, DIC	471
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS Suburbun Kospital		W·
3, NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF Date 15	(Day) (Year)
(Type or Print) LILLIA JUNETTE BLE		19 56
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,		Days Hours Min.
TEMALE WILTS WIDOWED, DIVORCED, (Specify) STORES OR 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		CUNTESA
13. FATHER'S NAME	11. MOTHER'S MAIDEN NAME	001.
70 hariah D. Blackistone	NANNIE SHANKS.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS 3019 6.	Rathe La
(Yes, no, or unknown) (If year, give war or dates of 578-07-9337A service)	2. D. BIACKISTONE OF MY	(4440)
I8. MEDICAL CE	PTIFICATION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	BILFICATION	ONSET AND DEATH
420.1 Bantons	and all la trans	2210110
Immediate cause (a) Quete Myoco Antecedent cause(s)	wares argue an	~ > ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Diseases or conditions, if any, (b) Cononary 14	eart Dicease	5 yra
giving rise to the above cause stating the underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS		**************************************
Conditions contributing to the death but not related to the disease or condition causing death.		V = 10
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	PERSONAL PROPERTY OF STREET	20. AUTOPSY?
		Yes No 🗹
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	SOLMING!
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Figh 3	1956 to 725 15 1956 that I last sa	w the deceased
alive on 15, 1956, and that death occurred at 5	ADDRESS and on the date sta	ted above. DATE SIGNED
SIGNATURE (Degree or title)	La comer Atrone Mach	202/21
23. BURIAL CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
REMOVAL (Specify)	h. Cem. St. Mary's Co., Ma	
Burial 2-18-56 IAII Saints Cl		



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S .V UABREAU V. S

VS A1S (4) 1SM 9/5S 颜

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1928

CERTIFICATE OF DEATH

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	gomery		MARYL		o. STATE	-	_	b. COUNTY		nce befo	ire admis	iion)
b. CITY OR TOWN (RURAL ond give n	If outside corporate lim eorest town)	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TO	WN (IF o	outside corpo	prote limits, write R	URAL and	give ne	arest town	n)
	ton Grove		6 Mos.		Oakmon	it s	t.			X		
d. NAME OF HOSPI	TAL (If not in hospital,	give street	address)		d. STREET ADD	PRESS				1	e. IS RES	IDENCE
10					Wash	ing	ton	Grove, 1	Md.			NO
3. NAME OF DECEASED	Fi	rst	Middle		Lost		4. DATE	Mor	oth	Do	зу	Year
(Type or print)	Walla	ace	D.	BI	.ick		OF DEATH	Feb.	26			56
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. 0	DATE OF BIRTH			9. AGE (In years				ER 24 HRS.
Male	White	WIDOWI	ED DIVORCED		pril 9	, 1	881	last birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired Farmer	done 10b.	KIND OF BUSINESS OR	INDUSTR	Virg			country)		TIZEN C	F WHAT	COUNTRY
13. FATHER'S NAME	raimei			17	4. MOTHER'S M	,				O OAL		
Edward A	Pliale				Winey							
		occo ly	SOCIAL SECURITY NO.	17. INFO		OH	TOIL	Add				
Yes, no. or unknown!	(If yes, give wor or dates of	service	SOCIAL SECURITY NO.	Mrs.		e J	ones	Blick,		ing	ton	Grov
18. CAUSE OF DEA	ATH [Enter only ane co	ouse per li	ne for (o), (b), and (c).			1.			Md.	INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	. 4	1 tra -1	na	runt	Her	nar	Mass		ON	SET AND	DEATH
11 12 8	DUE TO	-			~ (/		/	3 //	1	non	mot
Conditions, if a	ny which)	Jr	yperlen	un	Can	di	11-2	kerenel	in			
gave rise to i	mmediate (2011111	1 1			C/					
lying couse lost.	the under-		/eur									
		-	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO TH	HE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(0) 1	9. WAS	AUTOPSY
PART II. OTI	mepa		1 - 11	1+						``	PERFC YES	DRMED?
	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OF	CURRED. (Enter noture of in	nivry in I	Port I or Por	rt II of item 18.)		-	163	110 2
□ OR CONTRIBUTING	CAUSE OF DEATH				CATI							
		or 20d II	NJURY OCCURRED 1	20e. PLACE	OF INJURY (Ho	me. form	. 20f (Cib	v or town)		(County)		(Stote)
20c. TIME OF INJUR	19	While of wor	Not while	foctory	, street, office b	ldg., etc	.)	, or rowing		Coomy		(31014)
	at Lattended the	dococo	7./	16	19 16	400	11. 3	26, 1956	. 41-4 1	11	41	1
alive on	nat I attended the	10	-7	d: - 41		to /						
dive dil	11	, 123.	, and that c	death ac	curred at y	-del	ADDRESS (S	n the causes of	and an	the da	te state	ed above ATE SIGNEE
ACTUAL SIGNATURE	ukAch	un	nacher	M.D	Ga			rg. Md.		7	cl. 2	0/1
PHYSICIAN'S I	r. Jack	Schu	macker									
220. BURIAL, CREMATIC			22c. NAME OF CEMET	TERY OR C	REMATORY		22d. LOCA	TION (City, town,	ar county)		(Stot	e)
REMOVAL (Specify)	7 Feb 29	1954	Rock Cree	ek C	em.			strict		olu	m bis	•
23. FUNERAL DIRECTOR	'S SIGNATURE	Λ	ADDRESS	4		4a. REC'	D BY REGIS					
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BUREAU V. S.			CO. Fee Cy Line Common Name of the Common Name of t
DE VEDEN ED	E Company		mor seet to produce

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information cay

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01892 1929 CERTIFICATE OF DEATH Reg. Dist. No. 2/6

ribly.	I. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: District of Columbia
death clearly and legibly	COUNTY MORTGOMERY CITY (If outside corporate limits, write RURAL OR and give nearest town) Town Bethesda MARYLAND LENGTH OF STAY (in this place) 73 days	CITY (If outside corporate limits, write RURAL and give nearest town) or Town Washington, D. C.
learly	HOSPITAL OR Clinical Center Street Address National Institute, Healt	STREET (If rural give location) Apt. 104 300 Anacostia Road, S. E.
sath o	3. NAME OF (First) (Middle) (I DECEASED: (Type or Print) Jean Agnes Bor	den 4. DATE (Month) (Day) (Year) OF DEATH: Feb. 10, 19 56
of	Female White (Specify) Married June	9. AGE last blrthday IF UNDER 1 YEAR IF UNDER 24 HRS. 21, 1923 32 yrs. Months Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U. S. A.
Je	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
43	Oswald Kowalski	Agnes Rudnick
rit	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
ease write the	(Yes, never unk.) (If Yes, give war or dates of service) Not available	The Medical Record, The Clinical Center
important. Physicians: pla	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 190 X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Notificant Milhuara Skur (1) (ex Variably Transfury
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facto OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., e	
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
correct age	SIGNATURE	25A.M, from the causes and on the date stated above. ADDRESS DATE SIGNED 2 10 S The Clinical Center NIH Bethesda, Md. EV OR CREMATORY LOCATION (City, town, or county) (State)

BUREAU V. S.

LEB I 2 1826

BECEINED

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1930 CERTIFICATE OF DEATH

01893

Reg. Dist. No...

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY MONTGOMERY	MARYLAND	STATE MARYLA	ND COUNTY	MONTGOME	RY
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL e		
SILVER SPRING	(in this place)	OR TOWN STIVE	R SPRING		5
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9110 CROSBY ROAD		STREET		re location)	99
3. NAME OF (First) DECEASED (Type or Print) ADA	(Middle) BELL B	(Lost) ROWN	4. DATE (Mor OF DEATH	26 (Day)	1956
S. SEX 6. COLOR OR 7. SINGLE, MAR	IVORCED		9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
FEMALE WHITE (Specify) MA	RRIED JAN.	2, 1899	57 yrs.	Months Deys	Hours Min.
	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)		EN OF WHAT
retired) HOUSEWIFE OWN	HOME	PENNSYLV	ANIA		S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
ELI H. BALL		ELIZABETH	Mc LUCKIE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (If Yes, give war or detes of service)		Mr. Russel	J. Brown,		
	18. MEDICAL CER	TIFICATION	Silver	Spring	Maryland ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	I TO MEDICAL CEN	/)			SET, AND DEATH
IMMEDIATE CAUSE (A)	Premon	na lun	/)	2	1/2 415
ANTECEDENT CAUSE(S) DUE TO			1		1
DISEASES OR CONDITIONS, IF ANY, (B)		0			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				11/1/100	
190. DATE OF OPERATION 196. MAJOR FINDINGS	S OF OPERATION			2	O. AUTOPSY?
				YES	ON D
	me, farm, fectory, , office bldg., etc.)	21c. WHERE DID INJURY OCCU	(City or town)	(County)	(State)
WI	e. INJURY OCCURRED hile Not while work et work	21f. HOW DID INJURY OCCU	27		
22. I hereby certify that I attended the deco	eased from aug 195	53.19 to Feb	16 1956	that I last so	w the decesse
alive on 7-16 16 19.56 an					
SIGNATURE &	d mai deam occurred at		RESS (Street, city, tow		ve. DATE SIGNE
all Innitt	M. D. 4	1601 164 84	241) (1160)	Der .	2/17/1-/
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, tow	n, or county)	(State)
BURIAL (SPECIFY) 2/20/56	NATIONAL MEM.		FALLS CHUR		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S		,	
2-21-56	1000	W1. 4.1	1	8434 GBRES	Ave.
DATE	~ coller	(War C. 12	umpricys:	lver Spr	ing. Md.

CERTIFICATE OF DEATH

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KENTE !

BUREAU V. S.

EEB 53 1820

(Year)

Hours

COUNTRY

U.S. a

INTERVAL

YES.

DATE SIGNED

ADDRESS

(County)

FUNERAL DIRECTOR

1956

AUTOPSY?

(State)

NO I

Min.

Reg. Dist. No. 223

(Day)

Days

CERTIFICATE OF DEATH 291 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY / Non Vaomer 4 COUNTY CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town) (in this place) CITY(If outside oprporate limits, write RURAL and give near at town) TOWN Ta Kome TOWN lakoma HOSPITAL OR STREET ADDRESS INSTITUTION OR STREET ADDRESS W45 110 (First) (Middle) (Last) DATE (Month) 3. NAME OF DECEASED: OF Dora dille AW (Type or Print) DEATH: 17. GARRIED OF COLOR OR SINGLE. 8. DATE BIRTH 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED RACE: Months (Specify): BIRTHPLACE (State or foreign country): [12. CITIZEN OF WHAT USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: even if retired): Maryla MAIDEN NAME: 13. FATHER'S NAME: 14. MOTHER'S Chramm 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN-U.S. ARMED FORCES! (15 Ye) give war or dates 18. MEDICAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF "INJURY at work at work . 190 6. to, 1936, that I last saw the deceased 22. I hereby certify that I attended the deceased from and that death occurred at //:30AM, from the causes and on the date stated above. alive on . SIGNATURE ADDRESS M. D. 23. BURIAL, CREMATION, LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR

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BUREAU V. S.

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BECEINED

VS A1S (4) 1SM 9/55 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1931 CERTIFICATE OF DEATH

01895 Reg. Dist. No. 215

1. PLACE OF DEATH	Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Distri	ere deceased Ct of	lived. If instituti	oni Residence	before admi:	ssion)
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write earest town) Soa Rural		c. CITY OR TOWN (If or			URAL and gi	re nearest tow	n)
		5 hrs 25 min	Washin	gton,	D.C.		4	7x-3
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stro Naval Hospita		d. STREET ADDRESS 2301. C	athedr	al Aven	ue N.W.	ON	SIDENCE A FARM? NO 🔼
3. NAME OF DECEASED (Type or print)	fint Kate	Middle Wilson	Lost CARMICHAEL	4. DATE OF DEATH	Mor Febi	ruary	Doy 24	Yeor 19 56
5. SEX			8. DATE OF BIRTH	1	AGE (In years		YEAR IF UND	9"
Female		OWED K DIVORCED	March 1887		last birthday) 60 yrs.	Months D	Pays Hours	Min.
10a. USUAL OCCUPATION during most of wor Housewife	king life, even if retired)	06. KIND OF BUSINESS OR INDU Housewife	STRY 11. BIRTHPLACE (Stote of Georgia		untry)	12. CITIZ	EN OF WHA	T COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			-	
Leon A. V	VILSON		Carolin	e MURF	HY			
15. WAS DECEASED EVI (Yes, no. or unknown) NO	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. I	Son Capt John Same as a		CHAEL Add	ress		
PART 1. DE. 420. Conditions, if of gove rise to it codes (o), storing	DUE TO	r line for (0), (b), and (c).] MYOCARDIA CORONARY			,5/5		INTERVAL B	DEATH
20g. ACCIDENT W		4S <u>Contributing to death</u> but Describe how injury occurre				EN IN PART	PERF	AUTOPSY DRMED?
20c. TIME OF INJUI Hour o. m. p. m.	WI		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (City	or town)	(Co	unty)	(Stote)
	La Perlan	,	M.D	AM, from	the couses of the couses of the couses of the couses of the couse of the couse of the couse of the couses of the couse of the cous	and on the	date stat	ed above. ATE SIGNED
220. BURIAL, CREMATIC REMOVAL Specify BUL 181	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATI	ON (City, town,	or county)	(Sto	le)
23. FUNERAL DIRECTOR	rs signature Hine 2901	s Funeral Home 14th St NW.Wash		2-24-5		STRAR'S SIGN	HATURE /	nell

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OR
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VS. A15-10-53

1	MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	01896
1			. No. 215
9	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
	COUNTY MONTGOMERY MARYLAND	STATE Maryland COUNTY Princ	e Ceaman
	COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		
	X Town Bethesda Rural (in this place) 7mo.23days	OR TOWN Takoma Park	16-17-2
	HOSPITAL OR INSTITUTION OR STREET ADDRESS USIN	STREET (If rural give location) ADDRESS 303 ELM Avenue	
	3. NAME OF (First) (Middle)		Day) (Year)
	(Type or Print) Paul Richard CA	ARTER DEATH: Feb.	15 19 56
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married 8-21-	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	Days Hours Min.
	IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
1	work done during most of working life, OR INDUSTRY:		COUNTRY?
"	even if retired): Pressman U.S.Government	Washington, D. C. U.	D+
		Georgie Tenley	
1	(Yes, no, or unk) (If Yes, give war or dates of service) WW 1	Mrs. Kennett CARTER, Wife, Sam	e as above
	18. MEDICAL CERTIFICA		INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	IMMEDIATE CAUSE (A) Bjoncho se	vie Carcinoma with	1 year.
	ANTECEDENT CAUSE (S) DUE TO wetastar	es .	/
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
	(C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	culoris - Colon - multiple	10 years
1	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	ON .	20. AUTOPSY?
N			YES NO
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.	ctory, 21c. WHERE DID (City or town) (Count on the count of the count	ty) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?	
	alive on 2-15-56, 1956, and that death occurred at	ADDRESS DAT	
	H. I. PASSES, LT, MC, USN, U.S. NAVAL HOS	PETAL, NNMC, BETHESDA, MARYLAND	
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) Burial 17 Feb. 1956 Rock Creek	FERY OR CREMATORY LOCATION (City, town, or	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 10 Feb 1956	rakoma Yuneral Hohe 254 Carroll St., N.W. Washingto	ADDRESS

BECEINED

BUREAU V. S. LEB 51 1826

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AND STREET OF STREET SERVICES AND ADDRESS.

01897

				Reg. Dist.	140.
PLACE OF DEATH O, COUNTY		2. USUAL RESIDENCE (Where	deceased lived. If inst		before admission)
Montgomery	MARYLAND	Vivaini	0.000	MII	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, wri	te RURAL and give	nearest town)
77 Takoma Park	87 days	Mana	55 as	RF	b 并1
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	. 0	d. STREET ADDRESS		00 4 2	e. IS RESIDENCE ON A FARM?
syashington sant	H05p			001-0	YES NO
NAME OF OF First	Middle	Lost 4	OF P	Month	Day Year
(Type or print) 13 essie / ea	2 Y	naphan	DEATER AT A	ruary	29 19 36
6. COLOR OR RACE 7. MARRIED NEV	VER MARRIED	8. DATE OF BIRTH	9. AGE (In ye		EAR IF UNDER 24 HRS.
F Cauc WIDOWED 12	DIVORCED	May 291	50 (7 () / /	yrs. Months Do	ys Hours Min.
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	USINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZE	N OF WHAT COUNTRY?
HSWF		India	. v.a	6	L,S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME		
Merritt Shaw		A PPel	is H	uss	२
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	CURITY NO. 17. I	NFORMANT		Address 8 C H	H.11 MC00
No.	N	latter P	McFar	land, F	Fall Churc
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)	b), and (c).]	1/2			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	Chatre	(Franche	Interner		ONSET AND DEATH V
170X DUE TO	,	4			
Conditions it now which a	· Vaser	den Acril	on b'		15 mm P2
gove rise to immediate	, (0	reguel Selo -	Lett Break)	
lying couse lost.	tatie	Cenceriona -	to Lin Bra		- 6 montes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASÉ CONDITION	GIVEN IN PART I	o) 19. WAS AUTOPSY
Laurelyod Cortenosclin	ons				PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW	INJURY OCCURRE	D. (Enter noture of injury in Por	t I or Port II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		HILL SECTION IN			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC	URRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(Cou	nty) (Stote)
Hour a. jn. p. m. 19 While Not work of work of work	111116	story, street, office bldg., etc.)			
21. I certify that tended the deceased from.	Dec.	4, 1955, 10-	8/20 10	56 sheet 1 1	t sow the deceased
1 00 000 000	and that death	6 60	Contract of the Contract of th		
	and mor deom		DRESS (Street, city or to		date stated above.
ACTUAL South Same	10. 322 ()	7733/1	1. 1.	24: 12	1 19.0
SIGNATURE SELECTION OF MILES	-0,111	M.D. /_/			2/2/27
PHYSICIAN'S NAME (Type)					430
	NE OF CEMETERY O	R CREMATORY 22	d. LOCATION (City, to	vn. or county)	(Stote)
REMOVAL (Specify) 9-5-56	iamal.	Mansiel X	ob Tal	11/1/1	110
3. FÜNERAL DIRECTOR'S SIGNATURE ADDR	535 CV 1071	Veloca Bakara	Y REGISTRAR 246 R	EGISTRAR'S SIGN	ATURE/
Lever Francisco 176	2	to 1/2 DATE 3/2	156 4	- William	1 Doll

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Charles of the last of the las				

2411 N. Charles Street, Baltimore

01899

1924 CERTIFICATE OF DEATH

1 BLACE OF DEAT			d a Videva E Providentalori	Reg. Dist. N	•
1. PLACE OF DEAT COUNTY			STATE	(HOME) OF DECEASED COUNT	Y
	tromery	MARYLAND	France		Seine et
OR give neares	corporate limits, write RUR it town)	AL and LENGTH OF STAY (in this place)	TOWN St Cl	orate limita, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE		prest Glen Sec.	STREET ADDRESS 35 Rue	(If rural, give location) e Preschez	1
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Henri	TEM	Chretien	OF DEATH Feb.	6 1956
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday If under	1 year If under 24 hr
M	I W	(Specify) MATTLEG	11Feb 1879	yrs.	Days Hours Mill.
	PATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry Univ. Professor	Paris. F		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	ME	1 (72 mm + 2 mm - 2 mm	14. MOTHER'S MAIDE	N NAME	1 1 (41100
Eugene (Chretien		Chroline	Dehove	
15. WAS DECRASED E (Yes, no, or unknown)	EVER IN U.S. ARMED FORCES (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND Heesellen otr		rthurc.
no.	Bet vice)	1 Hone	Forest Gren S	P.C.	
I DISEASES OF C	ONDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
2 2 /	Y				
Immedia	te cause (a)	Coronary Occlusi	on		immediate
Antecede	ent cause(s)	Virus tracheo bro	onchitis		5 days
		Cerebral acciden	† .		L vears
giving rise	to the above cause underlying cause last	Generalized arter			10 years
Conditions contrib	TCANT CONDITIONS outing to the death but not ase or condition causing deat		LAU POLUL PAL		90 00 00 00 on other colors of color
		FINDINGS OF OPERATION			1 20. AUTOPSY?
040 040 044					Yes O No O
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR	TOWN) (COUNTY	
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?	
		7.1	tr 17	L	
22. I hereby cer	tify that I attended th	e deceased from	, 19/25, to 6 Th	19.26., that I last	saw the deceased
	Jan , 196 , an	d that death occurred at	ADDRESS from the	e causes and on the date st	tated above. DATE SIGNED
SIGNATURE	Dolmer	P. G. e m &	Walter Fre	lame 3	11/56
23. BURIAL, CREAREMOVAL (Spe	IATION DATE	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or coun	nty) (State)
	1010	o Lees	Grematery!	Hashington	200
DATE REC'D BY	LOCAL REGISTRAR'S	es teller	24. FUNERAL DIRECT	Tuneral Hos	ADDRESS
- //			816 21.8	The Wash	20

The correct age M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

SECENED SEC

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

1935

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 214

Item 7. FilmG193 2-24-56 et	Reg. Dist. No.	
L. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY onto oney MARYLAND	STATE MP. COUNTY	Month
CITY (If outside exporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
26 TOWN Johner Jounes	TOWN JIVER JPRING	56
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Mursuing Home	STREET (II rural, give location) ADDRESS // 97/ ANDREW. 57.	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) / FLEN L.	CONLEY DEATH 7EB.	14. 196
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	S. DATE OF BIRTH 9. AGE last hirthday If under 1 Oct. 20. 1893 6 2 yrs.	year If under 24 hrs. Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work done during most of working hit even if retired) 10b. Kind of Business or Industry		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
J.HN, F. STAKE	ELiz. A. BENERALLE	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	MRS. BETTY JOHNSON ()	DAVGATER)
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
		0
33/X Immediate cause (a) Cerebral / Ver	aravuage	fumediali
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	on malignant	**************************************
stating the underlying cause last	le u a a a :	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	enarchage 1st one on 12/20	f6
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May &	1954 to 2/18 1956 that I lest so	w the deceased
alive on	ADDRESS MUEL A. HILLMAN, M.D.	ted above. DATE SIGNED
S. a. /Lillman min	249 MISSOURI AVE. N. W.	2/15/06
POLIXAL (Straity) 7 ch. 17. 1956 mt. O	level Wash. We county	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR W. J. 1 attarnel 3619-14	ADDRESS T N
	W6	1, D.C.

VS. A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Coroner notified and well approve signing

BUREAU V. S.

FEB 20 1956

DECENTED

P	The
1)	carefully.
	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The
	item o
6	every
BINDIN	Supply
FOR	INK.
MARGIN RESERVED FOR BINDING	UNFADING
ARGIN	WITH
M.	PLAINLY,
	WRITE
	OR
	TYPE
vs. A19 — 10 - 03	PLEASE

1936 CERTIFICATI	E OF DEATH Reg. Dist.	No. 277
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Montgomery MARYLAND	STATE Maryland county Montg	romeryh
COUNTY MOTICEOINETY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		
OR and give nearest town) Olney	OR TOWN Brookeville	X
HOSPITAL OR INSTITUTION OR MONTGOMERY Co. Gen. Hosp., I	STREET (If rural give location) nC.	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Allen Bowie	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Ony) (Year) L5 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. RACE: WIDOWED, DIVORCED, (Specify): Married 2/16	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y Months D	10
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 10B. KIND OF BUSINESS OR INDUSTRY:	Maryland I	CITIZEN OF WHAT COUNTRY? J.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
David Craver	Jo Anne Stull	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	lyen, Membolica	10 grs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facon contributing 2 cause of death of injury street, office bldg (if either, notify medical examiner)	., etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work		
22. I hereby certify that I attended the deceased from Suralive on July 14, 1954, and that death occurred at	t 6.31 PM, from the causes and on the date	
	M.D. Jourdy Spire Med 2,	116/5-6
REMOVAL (SPECIFY) Tel 18 1956 MIT Jafo	r Elchiron my Im	only me
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2-16-5-6 Surtrude B Lawler	1 Roy IN Barber and	novally in

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DECEINED

BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 191
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1937	CERTIFICATE	OF	DEATH
7 .7 .7	OTHER TOTAL TO		TO MAKE A A A A

	Dist.		7	1	4
Reg.	Dist.	No.	1	-	/

		70.				
1. PLAC	E OF DEATH:	Montgos	new.	2. USUAL RES	IDENCE (HOME) OF DECEA	SED:
COLLA	1TY Maple	Jane. Mus	ALALA MARVI AND	STATERIC	at of COUNTY	474 3
	(If outside cor	porate limits, write I	URAL LENGTH OF S		side comporate limits, write RURA	L and give nearest town)
5/OR	and give negre	est town)	(in this place	OR	Vaclination	96
6 TOWN	Kin	worn	<u> </u>	TOWN	1	NE
	TITAL OR	0		STREET	(Il rurai give locati	ion)
	ET ADDRESS				1611 Munte	e. sthW
2 11445		(First)	(Middle)	(Last)	4	
3. NAME	ASED:	(FIFSU)			4. DATE (Month)	(Day) (Yesr)
(Type	or Print)	INNA		CULUER	DEATH: FEB	27 1936
5. 6EX:	6. COLO	R OR 7. SNIGLE	MARRIED 8. 9	ATE OF BIRTH:	9. AGE last birthday IF UNDE	The state of the s
t I	6 live	(Specify)		26-13 186/	9.7. wrs. Months	Days Hours Min.
IOA. USU	AL OCCUPATIO	N (Give kind of: 10	B. KIND OF BUSINES	S II. BIRTHPLAC	E (State or foreign country):	2 CITIZEN OF WHAT
work o	done during most	of working life.	OR MOUSTRY:	11- 1	00420	COUNTAY?
even	(etired)	ile	Colonie	Marie	it lety mix	usa
13. FATH	ER'S NAME:			14. MOTHER'S	MAIDEN NAME:	
Wa.	/ 1. /	2.0		Mary	The of S	- 0 1
10 MAR DE	CEAN EVER IN	U.S. ARMED FORCEST	16. SOCIAL SECURITY NO	17. INFORMAL	T & ADDRESS:	0
	or unk.) (If Yes	, give war or dates		10 11 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 Miller
)	of servi	ice)	1	1611 /	untle ST-11	Hack to
			18. MEDICAL CERTIF	CATION	9	INTERVAL BETWEEN
I DISE	ASES OR CONE	TIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
140	12.2		10 5	- 111/2 A	AAA.TIS	
1	IMMEDIATE C		(A) ACUI	= MYOC	ARPITIS	
ANT	TECEDENT CAL	USE (S'	DUE TO			
	S OR CONDITI		(B) CHR	die N	WOCARPUTIS	
GIVING	RISE TO THE	ABOVE CAUSE	DUE TO		7	
STATING	UNDERLYING	CAUSE LAST.				
THE OFFICE	D. CICNIFICAN	T CONDITIONS CO	(C)			
		T CONDITIONS CO		-11		
		ITION CAUSING D		ENLLILY		
19A. DAT	E OF OPERATIO	N: 19B. MAJOR	FINDINGS OF OPERA	TION		20. AUTOPSY?
h						YES NO
1			(17		= = = .01	
OR CONTE	RIBUTING CA	USE OF DEATH OF	B. PLACE (Home, farm FINJURY street, office	lactory. 21c. WHER		ounty) (State)
	NOTIFY MEDICA					
		y) (Year) (Hour)	While Not while	RED 21F. HOW DI	INJURY OCCUR?	
וטנמו זס	RY	м.	at work at work			
		1	1 10 00	1 31 100 1	F58. 21, 1956 that I	41 1 1
22. I he	reby certify t	hat I attended th	ne deceased from	, 19.34, to	7. 00. 7, 193 6 that 1	ast saw the deceased
alive	on FEB. 2	7 , 19.56 , an	that death occurre	at 6:45 4M, fron	n the causes and on the da	te stated above.
	ATURE	0		ADDI	RESS	DATE SIGNED
		donnale		M. D. Char	Narwy DJ.	2/27/17
23. BUR	IAL, CREMATI	ON, DATE THERE	OF NAME OF CE	METERY OR CREMAT	ORY LOCATION (City, town	or county) (State)
ASM	WAL (SPECIFY		T 21 75	1	0=41=77=	:00 mil
		1-1/0		7000	yarrens	
DATE F	REC'D BY LOC	- 4	SIGNATURE	24. FUNERA	L DIRECTOR	ADDRESS
2	- 3 - 56	- 1	()	1 1 -12	11/1/1/201	ON IT NOW!



FEB 29 1956

DECENTED

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01903

1892 CERTIFICATE OF DEATH Reg. Dist. No. 223

	T		
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
0	COUNTY Montgomery MARYLAND	STATE Maryland COUNTY MONT	La a usa a a a .
1	CITY (If outside or porate limit, write RURAL COR and give nearest toyn) OR and give nearest toyn)	CITY(If outside corporate limits, write RURAL	nd give negrest town)
1	OR and give nearest town) (in this place)	OR	
	MTOWN Takoma Yark 11 days	TOWN Takoma Yark	
9	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
	25 STREET ADDRESS Washington Sanitacium + Nos	1 / 1 0 / /	uet
			Day) (Year)
	OECEASED: (Type or Print) Elizabeth S. Dueli	ne OF DEATH: Feb	19 19 56
3	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE	de pieru	EAR IF UNDER 24 HRS.
	F Cauc (Specify): wisow Dec	18. 1898 57 yrs. Months D	ays Hours Min.
	10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	
1	work done during most of working life, even if retired): Peac Nurse		COUNTRY
1	13. FATHER'S NAME:	Washington V.C	4.5
	13. FATTER 3 NAME.	14. MOTHER & MAIDEN NAME:	
	Louis J. Sanders	Jessie F. Eaton	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
0	(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records - ec	atient
	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
2	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 - 0 5	ONSET AND DEATH
	193x W. Ilut	one of day by date	1 1/
	IMMEDIATE CAUSE (A)	out out	a/1 was
	ANTECEDENT CAUSE (8)		
	DISEASES OR CONDITIONS, IF ANY, (B) Chilman	lina and	
	STATING UNDERLYING CAUSE LAST. DUE TO		
	(C) mentin	~	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE		
2	DISEASE OR CONDITION CAUSING DEATH,	N.	
	138. MASON PINDINGS OF OPERATION		20. ANTOPSY?
	j.		YES NO
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
24		2 21F. HOW DID INJURY OCCUR?	
	OF INJURY OF M. 21E INJURY OCCURRED While Not while at work at work		
4	22. I hereby certify that I attended the deceased from	10, 19 to 1/19, 191 that I last	sow the deceased
0			
,	alive on // 19 , and that death occurred at	M, from the causes and on the date s	
2	SIGNATURE	ADDRESS DAT	E SIGNED
1		. D. SED Wewend & "W	10716
)	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (Cit), town, or	county) (State)
	Bureal Our 23, 1936 Glorge War	Thington Cemition Trince George	Co. /Ka
	DATE REC'D BY LOCAL REGISTRATIS SIGNATURE	FUNERAL DIRECTOR	ADDRESS /

BECEINED

LEB 53 1820

BUREAU V. S.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYS OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01904

CERTIFICATE OF DEATH 1938

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY MONTGOMERY MARYLAND	STATE MARYLAND COUNTY MONTGO	MERY		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give neerest to	own)		
OR end give naerest town (in this place) TOWN SILVER SPRING 7 years	TOWN SILVER SPRING	54		
HOSPITAL OR	STREET (If rurel give location)	1		
on street address 405 LEXINGTON DRIVE	ADDRESS 405 LEXINGTON DRIVE			
3. NAME OF (First) (Middle) DECEASED (Type or Print) ADA MAY DAVIS	(Lest) 4. DATE (Month) (De OF DEATH FEBRUARY	21 (Yaar) 21 56		
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED DIVORCED AUGUS		AR IF UNDER 24 HRS. Hours Min.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even If ratired) NONE 10b. KIND OF BUSINESS OR INDUSTRY NONE		ITIZEN OF WHAT		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
JAMES C. EVANS	NANCY BYROM	San The San Transport		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS SILVER	SPRING, MD.		
(Yes, no, or unk.) (If Yes, give wer or dates of service) NONE	MISS. LILLIAN L. GORE, 405 LEX			
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
MMEDIATE CAUSE (A)	The source transfer	1 court		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ws(x)	* 1		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		RESERVE S		
19%. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	CONTROL TEST AVAILED TO BE A TO	20. AUTOPSY? YES NO		
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stata)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work	2lf. HOW DID INJURY OCCUR?	F3 F7 F8 F8		
22. I hereby certify that I attended the deceased from	1951 to 2/ 3/ 1936 that I last	saw the deceased		
alive on 20 feld, 19 57, and that death occurred at				
SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED		
Milliam D. and M.O. 9	106 Colesville Rd. Schoer Sp.	un 2/21/56		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county)	(State)		
	CEMETERY LYNCHBURG, MOORE	COUNTY, TEN		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDI	RESS		
DATE 42456 Frances Totter	Warner E. Pumphrey 8434 G	ia. Ave.		
	21 War 2011	O NICL		

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1930

Reg. Dist. No. 217

01905

1003				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Prince George			
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY OR and give nearest town) (in this place)				
HOSPITAL OR	STREET (If rural give location)			
3 STREET ADDRESS Montg. Co. Gen'l Hosp., Inc.	ADDRESS 414 Laurel Avenue			
DECEASED	e Martin 4. DATE (Month) (Day) (Year) OF DEATH Debruary 14 19 56			
RACE: WIDOWED, DIVORCED.	of BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Maryland USA			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Samuel R. Harding	Anna Tighe			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital records			
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	noma gella stamoch 10 months			
19A, DATE OF OPERATION: 19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	YES NO X			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facto OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State)			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While Not while at work at work at work A				
22. I hereby certify that I attended the deceased from Noval alive on 1956, and that death occurred at SIGNATURE 23. BURIAL, CREMATION. 23. BURIAL, CREMATION. PEMOVAL (PECIFY) DATE THEREOF NAME OF CEMETE PROSTINAR REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE REGISTRAR'S AGNORDER REGISTRAR'S AGNORDER	9 P. M, from the causes and on the date stated above. DATE SIGNED			
	1. PLACE OF DEATH: COUNTY MONTGOMETY CITY (If outside corporate limits, write RURAL OR and give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTG. Co. Gen'l Hosp., Inc. 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Anna —			

- 10 - 53 VS. A15-



FEB 27 1956

DECENED

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VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1940

CERTIFICATE OF DEATH

01906 Reg. Dist. No.

o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WE	b COHNTY	iani Residence befare admission)
b. CITY OR TOWN (If outside carporate limits, w RURAL and give nearest town)		c. CITY OR TOWN (If a	outside carporate limits, write f	RURAL and give nearest tawn)
X Bethesda Ri	ral 9 hrs 30 m	in Washi	ngton, D.C.	47x
d. NAME OF HOSPITAL (If not in haspital, give of INSTITUTION	street address)	d. STREET ADDRESS	S THE BALLY	e. IS RESIDENCE ON A FARM?
5/ U. S. Naval	l Hospital	1231	Savannah Stree	t, S.E. YES NO IK
3. NAME OF First DECEASED (Type or print) Dohn	Middle Paul	Lost DIETZ	4. DATE Mor	tuary 25 1956
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White W	DOWED DIVORCED	10-4-49	osr birthaday)	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) None	None	Indiana		us
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	C-74-1-11/10 Sent-1-1
Paul T. DIETZ		Evelyn D	UCKWORTH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no, or unknown) NO	7 16. SOCIAL SECURITY NO. 17. 1 None	Father LT P	aul T. DIETZAG	ISN
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Respiratory Asprintion Perforated errors CONTRIBUTING TO DEATH BUT	Dody go		VEN IN PART I(0) 19. WAS AUTOPRY YES AND INTERVEN VEN IN PART I(0) 19. WAS AUTOPRY YES AND IN
	DESCRIBE HOW INJURY OCCURRE 20d. INJURY OCCURRED 200. PL	D. (Enter nature at injury in I		(County) (State)
A Haur a. m.		ctary, street, affice bldg., etc.		
21. I certify that I attended the de alive on 25 Feb ACTUAL SIGNATURE PHYSICIAN'S M. B. SULLIVE	19 56, and that death	M.D	AM, from the causes of ADDRESS (Street, city ar town,	chat I last saw the deceased and on the date stated above state) DATE SIGNED Bethesda, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2-29-56	22c. NAME OF CEMETERY O	DR CREMATORY	22d. LOCATION (City, town,	ar caunty) (State)
Burial 23. FUTTURE RECOUS SENATURE Similations Funeral Home,	Arlington Na Anacostia, D.C.		Arlington D BY REGISTRAR 245. REGI	STRAR'S SIGNATURE

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BUREAU V. S.				

1941 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL	EXAMINER'S	CERTIFICATE	$-\mathbf{OF}$	DEATH

	THE POLICE OF DESIGNATION	110
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	stateMaryland county Montgom	erv
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Silver Spring	give nearest town)
HOSPITAL OR INSTITUTION OR 9334 Harvey Road	STREET (If rural, give location) ADDRESS 3708 Randolph Rd.	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ERASMUS LAMAT DIEUDONNE, SR.	(Last) 4. DATE (Month) (Day OF DEATH FEBRUARY 13	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED DIVORCED Oct.	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Norths Da	
10a. USUAL OCCUPATION (Give kind of Not kind of Work done during most of work life, even if retired): U. S. Navy - retired	R 11. BIRTHPLACE (State or foreign country): 12. Maryland	CITIZEN OF WHAT
13. FATHER'S NAME: Jules A. Dieudonne	14. MOTHER'S MAIDEN NAME: Julianna Jennings Brice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk?) (If Yes, give war or dates of Yes service) WW #2 719-03-1774	17. INFORMANT & ADDRESS: 9334 Harvey R. Mr. Erasmus L. Dieudonne, Jr., Si	lver Spring,
	AL CERTIFICATION	Maryland Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Corpray occ	lusin	sudden.
DUE TO		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		•
stating underlying cause last (c)		16
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	••	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work ☐ at work ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes Z, Accid		
SIGNATURE Trans A Brownhart	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	2-13-56
DEMONAT (Consider)	RY OR CREMATORY LOCATION (City, town, or co	
Burial / 12/11/30 Arlington Nat		
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE REG. 1566	24. FUNERAL DIRECTOR 8434 Ge	orgiandress ng, Md.

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er Bours Min.	of brooks and the second and the second	TO SHOW IN THE WEW	DOLAN 1007516	278
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tersival territori Orate and Pearst	ROFEASCETE			SHAVANIA M
			One specific the specific to t	lescontrib.
			HOSE EMPTER COOK THE HOLD THE STATE OF THE LOS THE LAST T	
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the registrar within 72 hours after death. in by the funeral director, the third cop

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1942

01908

Reg. Dist. No ...

1. PLACE OF DEATH			1 3	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY MONTGO	OWERY	MARYLAND		STATE MARYL	AND	COUNTY M	ONTGOM	ERY
CITY (If outside corporete lim	nits, write RURAL	LENGTH OF STA	AY	CITY (If outside con		RURAL end give		
OR and give neerest town) X TOWN KENSINGT		(in this place)		TOWN KENSI	NGTON			X
HOSPITAL OR		1 12 0		STREET		(If rure) give loce	tion)	1
INSTITUTION OR STREET ADDRESS 10,1	L1 WILDWOOD RO	AD		ADDRESS 10,1	11 WILD	WOOD ROA	D	
3. NAME OF (I	First) (Middle)	(L	o si)	OF	TE (Month)	(Dey)	(Year)
(Type or Print) BERT	HA WICKERSHAM	DILLE			DE	TH FEBRU	JARY 26	19 56
5. SEX 6. COLOR O FEMALE WHITE	7. SINGLE, MARRIE WIDOWED, DIV (Specify) WI	ORCED	DATE OF BI	15, 1874	9. AGE last b	irthday IF UI Mont	hs Days	Hours Min.
10e. USUAL OCCUPATION (Give done during most of working retired) RETIRED	lifa, evan if OR	OF BUSINESS INDUSTRY N HOME	11.	BIRTHPLACE (State or for INDIANA	reign country)		COUN	N OF WHAT
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
DAVID WICKERS	HAM			MARY LARG	E			
15. WAS DECEASED EVER IN U.		SOCIAL SECURITY	1 NO.	17. INFORMANT &	ADDRESS	KENSINGT	ON. MD	
(Yes, no or unk.) (If Yas, giva w	var or datas of servica)	NONE		LEWIS A.				
ANTECEDENT CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSI	(S) DUE TO ANY, (B) AUSE AUSE DUE TO (C) NS CONTRIBUTING ED TO THE	Artex	000	rusion e Elerosis	u lar	5		
19a. DATE OF OPERATION	196. MAJOR FINDINGS	OF OPERATION			35 to 181		20 YES	NO T
21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM	EATH OF INJURY street, of	, farm, factory, lfice bldg., atc.)	21c.	WHERE DID INJURY OCC	UR? (City or to	vn) (County)	(Stata)
21d. TIME OF INJURY (Month)	(Day) (Year) (Hour) 21a. While M. at wo		la	HOW DID INJURY OCC	UR?	11		
22. I hereby coviry the alive on 2	at I attended the decea	that death occu			causes and ORESS (Street		stated abov	DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEME				(City, town, or co		(Stata)
MURIAL	FEB.28.1956	PORT LIN		DOUBLE STAY		E GEORGI	E'S CO.	MD.
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	()	- 1	5. FUNERAL DIRECTOR	-1) 1		ADDRESS	
2128/50	1 - 1 -	1	7	1 museu C.	Lunachly	STIMER	SPRIM	C MD

MARYLAND SEATE DEPARTMENT OF MELLIE-BALTIMORE, IN

CERTIFICATE OF DEATH

ALTON III

BUREAU V. E.

BEST I SAM



1943 CERTIFICATE OF DEATH Reg. Dist. N 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND D.C. gomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If, outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? burba YES NO X Middle First DATE Month filled DECEASED annie Norena (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ST 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Sept Months Days WIDOWED T yrs. Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dod during most of working life, even if retired) Adjutant Generals 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Sister eose 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) abrul 4 DUE TO permit. Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OS 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a. ft. While Not while at work at work p. m. 21. I cortify that I attended the deceased fram 19.5%, that I last saw the deceased ped alive on , and that death accurred at 2 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL ploods PHYSICIAN'S NAME (Type) 22b. DATE THEREOR 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page Cedar Hill Cemetery Pr.Geo.Co. Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE 1/1th St240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE N.W., Wash, D.C. VS A15 (4) DATE 27 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Year

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(State)

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18
1944 CERTIFICATI	E OF DEATH Reg. Dist. No. 216
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE MARYLAND WICOMICO
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) TOWN BETHESDA (in this place) PAYS	TOWN EDEN
HOSPITAL OR NATIONAL INSTITUTES STREET ADDRESS OF HEALTH	STREET ADDRESS ROUTE # 2
NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED:	UTTON DEATH: 2 4 1956
SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday: If under I YEAR IP UNDER 24 HRS.
	22.1939 16 yrs. Months Days Hours Min.
a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): STUDENT	COUNTRY?
FATHER'S NAME:	MARYLAND U.S.
CLINTON DUTTON	EVA BARKLEY
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS:
NO (If Yes, give war or dates of service)	PATIENT'S FATHER
18. MEDICAL CERTIFICATI	ROUTE \$ EDEN, MD
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between
22110	Onset And Death
Immediate cause (a) CEREBRAL	HEMORRHAGE 7 HRS.
stating the underlying cause last. DUE TO	PHOCYTIC LEUKEMIA 14 MOS.
OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LO 1700 IDDICK MALE	NTAL HEMATOMA Yes No D
ACCIDENT (Specify) SUICIDE SU	(CITY OR TOWN) (COUNTY) (STATE) BETHESDA MONTGOMERY MD
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?
OF INJURY NONE m. While at Work At Work	
2. I hereby certify that I attended the deceased from JAN	7.,1956, to FEB. 4, 1956, that I last saw the deceased
alive on FEB. 4, 1956, and that death occurred at	2:50 P.M., from the causes and on the date stated above.
9. Richard A'Connox M.D.	3 Pooks Hell Road Beth, 2.4-56
HERIAL CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY	FUNERAL DIRECTOR ADDRESS

Salisba, ond

VS. A15

BECEINED

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Her. Dirt
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 216
PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND STATE MA, COUNTY MON	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Dethes of TOWN Dethes of TOWN Dethes of Town	give nearest town)
HOSPITAL OR INSTITUTION OR SUBUrban Hosp. STREET ADDRESS 6109 Dunbeer C+	://
NAME OF (First) (Middle) (Last) (A. DATE (Month) (Day DECEASED: (Type or Print) Kazem M. Leouet DEATH - Tele 22	(Year) 2 19 56
SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I Y WIDOWED, DIVORCED, (Specify): Single Nov : 8 1955 9. AGE last birthday: IF UNDER I Y	
Oa. USUAL OCCUPATION (Give kind of work life, even if retired): none 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12.	COUNTRY!
3. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: 17. INFORMANT & ADDRESS:	New 2
18. MEDICAL CERTIFICATION	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Edura Faryurt-Casplyya Lan	Pero Musery
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	Fere hours?
TO THE DEATH BUT NOT RELATED TO THE Sularged flagurus	
9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No D
Ia. EXTERNAL CAUSE WAS 2Ib. PLACE (Home, farm, factory, office bidg., etc., cause of Death. 21c. (City or town) (County)	(State)
Id. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF Not while INJURY M. work at work	
22. I hereby certify that I took charge of the remains described above, held an Autopsy A. Inspection	Inquiry [], and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
S. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co	2~22.5 % inty) (State)
Burial 2-25-56 Rock Creek Cemetery Washington	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7 / 1 24. FUNERAL DIRECTOR	AUDRESS

BUREAU V. &

194	6				
MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

MEDICAL **EXAMINER'S** CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery Maryland	STATE aryland County Montgome	2011
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda LENGTH OF STAY (in this place)	CITY (1f outside corporate limits write RURAL and a TOWN Bethesda	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4606 Highland Avenue	STREET (If rural, give location) ADDRESS 4606 Highland Ave.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ELIZABETH M. Eklun	(Last) 4. DATE (Month) (Day) OF DEATH 7. 6	(Year)
	OF BIRTH: 9. AGE last birthday: F UNDER 1 YE	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even in the control of the co	Washington, D.C. USA	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William M. Reading	Harriet Darneille	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
No service)	Wm. M. Reading- Item # 2	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary de	clusion	Ford duf
Antecedent cause(s)		w . 4
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)		••••••
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		DEGELET
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\text{No } \(\text{Q} \)
21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, off street, office bldg., etc. INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	oed above, held an Autopsy 🗆, Inspection 🙀,	Inquiry , and
find that death resulted from: Natural causes Q, Accidental Constitute of Suschart	CHIEF MEDICAL EXAMINER	nined cause []. DATE SIGNED 2-5-56
Dartar	Union Rockville, Mary	land
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/13-56 Bessie M. Thompson	February County Contines	ADDRESS
	11:	

SECEBAED

BUREAU V. S.

VS A15 (4) 15M 9/SS

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
1947	CERTIFICATE	OF DEATH	Dan

Reg.		0	1	91	3
Reg.	Dist.	No.	2	11	

1. PLACE OF DEATH		2. USUAL RESIDENCE (tion: Residence before admission)
Montgomery	MARYLAND	o. STATE Marvlar	nd Mont	Y
b. CITY OR TOWN (If outside corporale limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16		f autside carporote limits, write	RURAL and give nearest town)
Rural Etchison	Life	Rural E	Ctchison	X
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	Rt. #2 G	aithersburg,	Md. / S. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Lost	OF	onth Day Year
(Type or print) Charles	Washingt	on Evely	DEATH Fet	21 156
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	
Male White WIDOW	20	May 10, 18	383 72 yrs	months bays indois intit.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIG	nte or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Maryla	and	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Washington Evely		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX Alice	Hatfield Evely
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		dress
No	No I	da Shipley	Rt. #2 0	aithersburg. Md
18. CAUSE OF DEATH [Enter only one couse per li		A		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	4	i and image	مغد الساء	ONSET AND DEATH
422 / IMMEDIATE CAUSE (o)	many and	Carretto 14		a lohars.
DUE TO				
Conditions, if ony, which gove rise to immediate (b)				
case (o), stating the under-				
lying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GI	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS (200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Port I or Part II of item 18.)	
		ACE OF INJURY (Home, fo		(County) (State)
Hour o. m. 19 While of wor	1401 willing	ctory, street, affice bldg.,	elc.)	
		20.62 5	1 1 21 5	/
21. I certify that I attended the deceas				e, that I lost saw the deceased
olive on the many 19 , 192	and that death	occurred ot	M, from the couses	ond on the dote stoted above.
0/01/			ADDRESS (Street, city or town	, state) DATE SIGNED
SIGNATURE V.	en	M.D		
PHYSICIAN'S NAME (Type) Dr. J. P. Ke	rr	Dama	scus, Md.	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
REMOVAL (Specify)	6 Laytonsv		Latyonsv:	
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	11 24a. RE	C'D SY REGISTRAR 246. REG	ISTRAR'S SIGNATURE
Francis H Banks	, Taulons	ville DATE	Feb 23/951 200	lla OV. Burdette
			25	

[D STATE DEPARTA	MALIYAZM	
ATA DE DEATH	CHUISED.		
		WA SHO	
Rosel Cte from	447	and the second	
NEW SELECTION AND SELECTION OF THE SELEC			
50 Lis Not Steel wiener not	tentians 11	e sifet asD	
Mary 10, 1865 Pro	Owner Gove	201 te	
And Branchest			erode.l
Core biointal oction ININCAUL		eters potent	ns.W
Law Shipley - Ht. We do the whipley . L			- SE
			Olympia 2
		0.00	
The HOLD CONTROL OF THE CONTROL OF T			
S 361 1628 34 1628			
DECENAÇÕE	Titel	C. T. CQ	21800
NIN IN IN	varotval at	7 Rab. 25,	Taluda
		PASOTE	
	HEND BELL		no uraked

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01914

1948 CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

1020	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland county Montgomery	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		est town
OR and give nearest town) (in this place)	or Town Rockville	26
HOSPITAL OR INSTITUTION OR MONTGOMERY Co. General Hosp	pt. STREET (If rural give location) pt. Adams Street	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Richard B.	OF	ear) 56
RACE: WIDOWED, DIVORCED,	17, 1955 9. AGE iast birthday IF UNDER LYRAR IF UNDER LYRAR HOURS Hou	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired Infant OR INDUSTRY:	Sandy Springs, Md. 12. CITIZEN OF COUNTRY? USA	WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Richard B. Faatz, Sr.	Annie C. Platt	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Father-Item # 2	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	gago trackerbrouchites 2 da	go.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	none	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUT	OPSY2
o nome nome	YES	NO 🗌
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (County) (S	tate)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
22. I hereby certify that I attended the deceased from alive on Signature 1956, and that death occurred at SIGNATURE	ADDRESS DATE SIGNED ADDRESS DATE SIGNED 1. D. Tollwell, 24. 2/5/56	eceased ve.

LEB 9 1626

01915 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 16

1949				
1047		OT	TOTAL A PINT	
	CERTIFICATE	Or	DEAIR	

	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
TOT I			W W F
D	COUNTY MONTGOMERY MARYLAND	STATE Maryland COUNTY Montgome	
and legiony	CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Bethesda LENGTH OF STAY (in this place) 20 years	CITY(If outside corporate limits, write RURAL and give to OR TOWN Bethesda	X
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS 4225 Leland Street	STREET (If rural give location) ADDRESS 4225 Leland Street	1
3.	DECEASED: (Type or Print) Harriet B FR	(Last) 4. DATE (Month) (Day) OF DEATH: February 2	(Year) 19 56
e I	Female White (Specify): Married July 2	2, 1885 70 yrs. 7 0	urs Min.
ಪ /	work done during most of working life, even if retired): Housewife	11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTRY	
malie nu se su	FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
y l	Unknown	Unknown	
15.	WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
N O X	(es, no, or unk.) (If Yes, give war or dates None	F. W. Franke-Same Item #2	
Su' Ga	(C)	2 Hemarchage 12 regerler de avan 3	yea
important.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
OL	DISEASE OR CONDITION CAUSING DEATH.		
0	DA. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	2O. YES	NO Z
OR	A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., FEITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
2	D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
orrect age	alive on 1956, and that death occurred at SIGNATURE BURIAL, CREMATION. DATE THEREOF REMOVAL (SPECIFY) 2/7/1056 A plington N	ADDRESS DATE SIGN DAT	above.
F	Burial (SPECIFY) 2/7/1956 Arlington N	lational Arlington Virgi	nia
	PREGISTRAD 6-56 Bissie M. Horn Know	Roberts a. Tumbhreißethe	

Carowon notified and will approve

BUREAU V. S.

HEB 8 1828

BECEINED

1950 CERTIFI	CATE OF DEATH	Reg. Dist. No. 2/6
1. PLACE OF DEATH O. COUNTY MONTO TORRY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY)	
RURAL and give nearest town)	0	te RURAL and give nearest town)
or NAME OF HOSPITAL (If not in hospital, give street address) 74 CR INSTITUTION CR DURDAN HOSPITAL	d. STREET ADDRESS 302 DE AN DE	e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print) Piggs Diggs	GO OF DEATH	Wanth Day Year 2 - 29 1956
	B. DATE OF BIRTH 9. AGE (In yellast birthda	OF IF UNDER 1 YEAR IF UNDER 24 HRS.
during most or working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) 705-10-5940	17. INFORMANT FREEZE - SON	Roelwile Md.
18. CAUSE OF DEATH [Enter only one cause per line for (b), (b), and (c).]	starial	INTERVAL BETWEEN ONSET AND DEATH
DUE TO	14	1544
gave rise to immediate cause (a), stoting the underlying cause last.	asthma	15-yn
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter noture af injury in Part I ar Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Hour a. st., p. m. 19 While Nat while at work at work at work at work at work.	e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from New	. 667	t, that I last saw the deceased
1-100	ADDRESS (Street, city or to	wn, state) DATE SIGNED
PHYSICIAN'S NAME (Type)	Rochvill M.	ne.
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify) Mch 2-1956 Blue To	RY OR CREMATORY 22d. LOCATION (City, town	on, or county) (State) mx
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thurn	Contactor DATE 1956 %	Essie W. Thompson
	1. PLACE OF DEATH a. COUNTY MARYLA b. CITY OR TOWN (If outside corporate limits, write rural and give pearest fown) G. FRAME OF HOSPITAL (If not in hospital, give street address) G. FRAME OF HOSPITAL (If not in hospital, give street address) 3. NAME OF DECEASED G. FIRST Middle DECEASED (Type or print) 5. SEX 6. COLOR OR RACE MIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane) MIDOWED DIVORCED 11a. FATHER'S NAME 11b. WAS DECEASEDEVER IN U. S. ARMED FORCES? 11c. CAUSE (G) IN. OF Unknown) If you, give wor or dotte of tarrice) 11b. CAUSE OF DEATH (Enter only one couse per line for (6), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), storing the under lying couse lost. NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HOUR O, D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Hour o, D. P. m. 19 ON DESCRIBE HOW INJURY OCCURRED While of work of wo	PRACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. &



MADAY AND COLUMN DEDADOMENTO OF MEAN TO A TANK OF THE	04040
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01918
1951 CERTIFICATE OF DEATH Reg. D	ist. No. 2/6
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEAS	SED:
COUNTY MONTGO MERY MARYLAND . STATE Manyland COUNTY MI	netgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN RENGTON 2//55t 2//356 TOWN TO	L and give nearest town)
HOSPITAL OR INSTITUTION OR PLASINGTON GARDENS. SAN. STREET ADDRESS TO TO FORGER QUE	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED: (Type or Print) ANTLONY AMES GALLAGHER DEATH: 2	(Day) (Year) 13 1956
5. SEX: 6. COLOR OR 7. SINGLE MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday if under Months (Specify): widowel May 1 - 1886 69 yrs.	Days Hours Mln.
Work done during most of working life, even if retired): meneral country in the country is the country in the country in the country in the country is the country in the country in the country in the country is the country in the country in the country in the country is the country in the c	2. CITIZEN OF WHAT
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: One Linny	
15. WAR DECEASED EVEN IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Women's Home G	mapolia, md.
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1525 X IMMEDIATE CAUSE (A) _ Pardia Fashing - Confulmional	I month.
ANTECEDENT CAUSE (S)	2 0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)	ra + years.
THE CONTRACT CONTRACTOR CONTRACTOR	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Corebral Thrombosis with R194+	· 16 MOZKS.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?

NO

218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OF INJURY street, office bldg., etc. INJURY OCCUR?

(State)

(State)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED
While Not while

21F. HOW DID INJURY OCCUR?

OF INJURY at work at work L 22. I hereby certify that I attended the deceased from June, 1953, to Feb. 13, 1955 that I last saw the deceased

and that death occurred at 32 A M, from the causes and on the date stated above. alive on 7 SIGNATURE

CREMATION. 23

LOCAL

(County)

-10 - 53A15.

VS.

DECEINED SO 1956

BUREAU V. S.

	1913 CERTIFICATE	OF DEATH Reg. Dist. No. 2/3	
legibly.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
2	COUNTY MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL on limits, write RURAL (in this place) TOWN ROCKVILLE HOSPITAL OR	STATE Maryland COUNTY Montgomery CITY(If outside corporate limits, write RURAL and give nearest tow OR TOWN ROCKVille STREET (If rural give location)	vn)
0	STREET ADDRESS 19 Wall Street	ADDRESS 19 Wall Street	
	DECEASED: (Type or Print) (E)RGE SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	Last) 4. DATE (Month) (Day) (Year) OF DEATH: Feb. 12, 19 56 OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR	
	Male White (Specify) idowed Aug. 1. A. USUAL OCCUPATION (Give kind of North done during most of working life, even if retired) OR INDUSTRY:	1873 82 yrs. 6 Days Hours Mil. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH. COUNTRY?	
13	FATHER'S NAME:	Maryland USA 14. MOTHER'S MAIDEN NAME:	
15.	Ohn H. Garrett WAR DECEASED EVER IN U.S. ARMEO FORCEST (es. no, or unk.) (If Yes, give war or dates	Alcenda Ward 17 INFORMANT & ADDRESS 4406 Garrison St.N. Roscoe F. Garrett- Washington, D.C	. W
E G	IS. MEDICAL CERTIFICATE DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO DISEASES OR CONDITIONS, IF ANY. DIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Allemonia ydays 107els	EN TH
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING UNITED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	thorselessies & Carany 10ip	0
19	DA. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	7
OF	A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facta CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., FEITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?	
	D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	alive on 1956, and that death occurred at SIGNATURE M. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	ADDRESS DATE SIGNED /24	1/3
		Union Rockville, Maryland ADDRESS	

FEB 14 1956

BECEINED

3/13/16 January Heaping

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01920 1952 CERTIFICATE OF DEATHY

CERTIFICATE OF DEATH

n	TV	N7	21	4
Reg.	Dist.	No.	0-1	f

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY ON YOM	ery MARYLAND	STATE Md COUNTY	at same
CITY (If outside corporate limits	write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
OR and give nearest/town)	(in this place)	TOWN SILVER PARCE	no El
	341, 8 73413	STREET (If rural give location	
INSTITUTION OR STREET ADDRESS	Long 3710 Janet pol	ADDRESS 7 4/6	2 11
	10	3710 danes	110
S. NAME OF (First)	(Middie)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) DOMINIC	K (VIII) 6-en	OVESC DEATH: 1-66.	19 1956
5 M WRACE: +P	SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify) of office	ovi / 1879 76 yrs. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kine work done during most of working even if retired): SHOEMAKE	life. OR INDUSTRY:		COUNTRY?
	R +- OWN BUSINESS	ITALY	ITALY
S			
		TERESA RENNA	
is. Was Deceased Ever In U.S. Armed I (Yes, no, or unk.) (If Yes, give war o		17. INFORMANT & ADDRESS:	
GAETANO GENOVESE 18. Was Deceased Ever In U.S. Armed It (Yes, no, or unk.) (If Yes, give war of service)	NONE	THOMAS GENOVESE, 3410 Janet R	d., Silver Sp.
80	18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DI	/		ONSET AND DEATH
332X	(crehr	al Art / hrom boss	2WHS
IMMEDIATE CAUSE	DUE TO		- 4
ANTECEDENT CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAUSE LASTATING UNDERLYING CAUSE LA	" Capland	Aux S-lovasis throughous	or TAVEC
DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU	ISE DUE TO	77-11 00/6103/34/1/104/201	20/13
	AST.	ent Ax Salarasa	25 Vec
II OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH NOT RELATED TO T	ONS CONTRIBUTING	The soletons	1977
TO THE DEATH BUT NOT RELA	TED TO THE	Something i prome at is	41
DISEASE OR CONDITION CAU		on shirts of the out of	- 7 adys
E 19A. DATE OF OPERATION: 19B.	MAJOR FINDINGS OF OPERATIO	ON .	20. AUTOPSY?
> Plane			YES NO A
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER 21D. TIME (Month) (Day) (Year)	ATH OF INJURY street, office bldg.		nty) (State)
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E INJURY OCCURRE While Not while M. at work at work	21F. HOW DID INJURY OCCUR?	
	nded the deceased from 10.10	M, 1956 to 1976, that I las	st saw the deceased
22. I hereby certify that I atte	. e, and that death occurred at	17/01	
SIGNATURE	e., and that death occurred at	ADDRESS ADDRESS	ATE SIGNED
SIGNATURE SIGNATURE ON 23. BURIAL CREMATION DATE	L. White	AD 11134 Genrala AVE	Silv Spin /2
		TERY OR CREMATORY LOCATION (City, town,	or county) (State)
Transit & Burial Feb	. 19. 1956	Fort Lee, New	Jersey
DATE REC'D BY LOCAL REGIS	STRAR'S SIGNATURE	24. FUNERAL PRECTOR	ADDRESS
REGISTRAR	ances Toller	Unemer Co. Tump hour Silver S	pring, Md.
7/ 7			



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BUREAU V. S.

24 hours after death.

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSIC OR HOSPITAL: The law requires that the death confift The bottom copy may be retained by the hospital or attending physician. TO ATTENDING PHYSIC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1953 CERTIFICATE OF DEA'	TH
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01923

Item 12, FilmG192 2-14-56 et		Reg. D	ist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE	(HOME) OF DECEAS	BED
COUNTY / ONT GOMEN MARYLAND	STATE Man	COUNTY N	mita
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town)	CITY (If outside corporate	limits, write RURAL and give	neerest town)
X TOWN Beltrescle 4 Clay	3 TOWN TOPPE	ourlle 7	nd -x
HOSPITAL OR INSTITUTION OR STREET ADDRESS LANGUAGE LOSS LANGUAGE	STREET ADDRESS	(If rural give location	on)
3. NAME OF DECEASED (Type or Print)	(Lasi)	4. DATE (Month) OF DEATH	(Dey) (Year) 4 1956
5. SEX 6. COLOR OR SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify)	8 BIRTH 9.	AGE lest birthday IF UN Month	DER 1 YEAR IF UNDER 24 HRS
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if reilred) OR INDUSTRY	11. BIRTHPLACE (State or foreign of	ountry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Margran	et Crof	not
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDI	RESS	/
I DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH 19. MEDICAL C 19. MEDICAL C 19. MEDICAL C 19. MEDICAL C	Extification V live Hear t Failure	د	INTERVAL BETWEEN ONSET AND DEATH MONTHS
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Cardiovascular	Disease	10 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR?	(City or town) (C	ounly) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 2 1e. INJURY OCCURRED While Month of the work of the w	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from alive on 19.56, and that death occurred SIGNATURE	1951, to 41	es and on the date st (Street, city, town, sleta)	ated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY REMOVAL (SPECIFY) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		OCATION (City, town, or con Allengton NATURE	(Stete) ADDRESS
DATE 2/6/56 Caparles W. Elgin	x Telelling	1 B. Hil	low

BY SECRETARING THE STREET OF THE OWNER STATE OF AUTOMATICALLY

INS CERTIFICATE OF DEATH

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72 hours after death. After this director, the third capy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING PHYSIC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1954 CERTIFICATE OF DEATH

01924

Reg. Dist. No. 218

county Montg	2. USUAL RESIDENCE (HOME) OF DECEASE Maryland Mon	
CITY (If outside corporate limits, write RURAL OR end give Geographe with town (Rural) LENGTH OF STAY (in this discovers	CITY (16 - staids assessed 12-14-14-14-14-14-14-14-14-14-14-14-14-14-	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
3. NAME OF (First) (Middle) (Type or Print) Worthington (G)	riffith 4. DATE (Month) OF DEATH 2	8 56 19
Man a Miller Pho WINOWED DIVORCED	ot 23-1879 9. AGE last birthdey IF UNDER 76 77 78 78 79 78 79 70 70 70 70 70 70 70 70 70	Pages Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during most of working dife, even if OR INDUSTRY relired) No. 127 He U.S. (70 Verner P. III)	11. BIRTHPLACE (State or foreign country) Laytonsville.Md,	2. CITIZEN OF WHAT COUNTRY?
Charles H. Griffith	Hester Dorsey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yes, give wer or deles of service)	John T, Griffith. Gai	thersburg.M
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33 / IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	cual remarkage eleccies, gent.	INTERVAL BETWEEN ONSET AND DEATH O day
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (If EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While At work at work at wark at w	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	nty) (Stete)
22. I hereby certify that I attended the deceased from	Clonner	DATE SIGNED
DATE Fet 11-56 almda G. Cook	Ernest C. Gartner. Gaith	

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MARYLAND STATE DEPARTMENT OF HEALTH

1955

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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				166	g. Dist. NO	o Gertinend	**********
1. PLACE OF DEAT COUNTY	Montgomery	MARYLAND		yland	COUNTY	Montgom	ery
OR give neares	corporate limits, write RUR.	AL and LENGTH OF STAY (in) this place)		rate limits, write RI er Spring	JRAL and giv	e nearest town	()
HOSPITAL OR INSTITUTION O STREET ADDRE	R 2520 Mimita	Road	STREET 3520	(If rural, give Nimitz Road	e location)	1	
3. NAME OF DECEASED (Type or Print)	TENNESSEE	(Middle) JOSEPHINE	(Last) HAMILTON	OF DEATH	(Month) Teb. 4,	(Day)	(Year) 19 56
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	8. DATE OF BIRTH 2/9/74	9. AGE last birthd	Months	Days If under	Mln.
done during most of School T	PATION (Give kind of work working life, even if retired) eacher (retired) ME	10b. KIND OF BUSINESS OR INDUSTRY	In. BIRTHPLACE (State		12	CITIZEN OF	WHAT
Samuel K	insinger		unknown	Godfrey			H
15. WAS DECRASED E (Yes, no, or unknown)	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	Mrs. Amy H. Sn		Nimitz	Rd.	
		18. MEDICAL CE	RTIFICATION	Silver	Spring,	Md.	
I. DISEASES OR C	ONDITIONS DIRECTLY					INTERVAL BI	
33 /Immedia	te cause (a)	General The	rombous	97 M 997 V 00 V 0 M 92 502 2 992 V - V + 0-0 2 V ± 7 ± 0 ±	***************************************	@ 2 wh	2
Diseases or giving rise t	ent cause(s) conditions, if any, to the above cause underlying cause last (c)	General year.	atenselen	resi	1844 ^{- 1} 1844 - 1 1844 - 1		undre test vana sesse
Conditions contrib	ICANT CONDITIONS outling to the death hut not ase or condition causing deat						
19a. DATE OF OPE	ERATION 196. MAJOR I	INDINGS OF OPERATION				20. AUTOP	SYI
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR	TOWN	(COTTA MILE)		No 🗆
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)			(COUNTY)	(STATI	(1)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCURT			
22. I hereby cert	tify that I attended the		, 1956, to Oct				
alive on SIGNATURE	141	d that death occurred at (Degree or title)	ADDRESS	e causes and on		ated above. DATE SIG	NED
Jema	70 6 0 103					7 .6	
Trans. & Bu	Fig 2/4/56	Glendale Ce	metery	LOCATION (City, or Des Moines,	Polk (ounty,	Towa
DATE REC'D BY REG. 56		es totter	Wayner to Tur	uphrey Sil	8434 Ge	ADDRESS ing Md	
				/ (/)			

The correct age M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BENDING

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CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

>	105h			
carefully	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE		
careful	COUNTY Montgumery MARYLAND	STATE DISTRICT COUNTY	lolombia.	
	CITY (If outside corporate limits, write/RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)	
tion	OR and give nearest town) OR Sylvary	1 OR TOWN 5-909 7th St	· nw	
	HOSPITAL OR WAS A STATE OF A	STREET (If rural give location)	100	
m of information	75 STREET ADDRESS to Noma Park md	ADDRESS	47x-31	
of in	3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) OF DEATH: 2 - 2	Day) (Year)	
E of	5. SEX: 6. COLOR OR SINGLE, MARRIED, 8. DATE			
ite	mole Caue WIDOWED, DIVORCED, (Specify): 5, ng/e 6-		Days Hours Min.	
every	IOA. USUAL OCCUPATION (Give kind of Noble KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT	
	work done during most of working life. OR INDUSTRY: even if retired): School Soperinknown - Refired	MAry land.	merica	
upply +ho	13. FATHER'S NAME:	14. MOTHER'S MA DEN NAME:		
Supply	William Hardesty.	Ella. Johnson	•	
. "	(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	+. nw. D	
	of service) 7078	nellie Car 5701		
	18. MEDICAL CERTIFICATION			
UNFADING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
<u> </u>	4.43X	1.00%	- 1 - 5	
FA	IMMEDIATE CAUSE (A)	infarction		
3	ANTECEDENT CAUSE (S)	0 1		
	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	I remobilish	3 years	
WITH	STATING UNDERLYING CAUSE LAST.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
A	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Live cardis vasuler disease		
× +	TO THE DEATH BUT NOT RELATED TO THE			
H	DISEASE OR CONDITION CAUSING DEATH.			
PLAINLY, W	U Company of the comp)N	20. AUTOPSY?	
7	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County) (State)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D 21F. HOW DID INJURY OCCUR?		
	OF INJURY OF INJURY M. at work at work]		
- Indeed	22. I hereby certify that I attended the deceased from	ber 2 1952 to Fibruar 35 19 JE that I last	saw the deceased	
	She as &	t 4 10 M, from the causes and on the date	saw the deceased	
0.	alive on the 1956, and that death occurred at	ADDRESS ADDRESS	stated above.	
E	Albert Buen	M.D. 2717 bisconson Arrane NW-	7 1 1 1 1 1 100	
SE TY	23. BURIAL CREMATION DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or		
A	REMOVAL (SPECIFY) 2/28/67 Think	Min Com Triandol	in Med	
덜	Iswaa 750100 Mana	Tulloun	y mo	

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1956 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1.1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
county Montgomery MARYLAND	STATE Maryland county Montgomery				
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Maryland COUNTY Montgomery CITY(If outside corporate limits, write RURAL and give nearest town)				
OR and give pearest town) (in this place)	OR				
HOSPITAL OR	STREET W. W. STREET				
INSTITUTION OR FOOF Deadle Dies	ADDRESS				
street address 3923 Bradley Blvd.	5925 Bradley Blvd.				
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)				
	RDING DEATH: Feb. 12, 19 56				
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.				
	12-1870 85 yrs. Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of: 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT				
work done during most of working life. even if retired): Housewife Home	Illinois USA				
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
John B. Taliaferro					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mary Loftus Taliaferro				
(Yes, no, or unk.) (If Yes, give war or dates	Olicarel o ogitille aa				
no lof service) l_None	son-in-law 5925 Bradley Blvd. Beth				
18. MEDICAL CERTIFICAT	THE BETWEEN				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH				
1 1 1 1 MMEDIATE CAUSE (A) Cachery & Exhaustron 3400					
ANTECEDENT CAUSE (S) DUE TO					
STATING UNDERLYING CAUSE LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH					
ISS. BALES OF ERATION	20. AUTOPSY7				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or Contributing Cause of Death OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR? (County) (State)				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while at work at work	21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb 1, 1949, to Feb 12, 1956 that I last saw the deceased					
alive on Feb. 7, 1956, and that death occurred at/2:30M, from the causes and on the date stated above.					
SIGNAPURE A ADDRESS DATE SIGNED					
	.o. 2//2/56				
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, of county) (State)				
	Cemetery Rockville Maryland				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS				
REGISTRAR 2114 675 Brease, Mittern Games	Wobert 1. Lumphrey Bethesda, Md.				

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

OR HOSPITAL: The law requires that the death certific The bottom copy may be retained by the hospital or attending physician. TO ATTENDING PHYSIC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1957 CERTIFICATE OF DEATH

 $01928 \atop \text{Reg. Dist. No. } 2/6$

	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
	county Montgomery	MARYLAND		and county		
	CITY (If outside corporete limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (II outside corpo	rete limits, write RURAL e	nd give neerest town)	-
	/ Town Bethesda	(in this piece)	TOWNKensin	gton		X
	HOSPITAL OR	1	SIKEEI	(If rural giv	ra location)	1
	INSTITUTION OR SUBURBAN HOSPIT	al	ADDRESS 10608	Nash Pla	00	
3. NAME OF (first) (Middle) (Last)			4. DATE (Mor		(Yaer)	
	DECEASED		(cast)	OF		(1.20)
	(Type or Print) GEORGIA SARAH	HARMON			eb. 26	19 56
	5, SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO	ORCED, 8. DATE C	OF BIRTH	9. AGE lest birthdey	Months Deys	Hours Min.
	Female White Widowed	4-13	-65	90 yrs.		Thousand Thousand
1		OF BUSINESS	11. BIRTHPLACE (State or foreign	on country)	12. CITIZE	N OF WHAT
1		Home I	Constable. N	our Vomle	IISA	IIKTT
	13. FATHER'S NAME	nome i	14. MOTHER'S MAIDEN I		USA	
	George Hastings 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Mary E. B	lanchard		
	(Yas, no, or unk.) (If Yes, give wer or detes of service)	SOCIAL SECONIT NO.	IV. HAPOKMAIN & A	DOKESS		
0	No	one	Mrs Louva	H. Rand-		2
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEN	RTIFICATION			RVAL BETWEEN
	9040	Lmonam	9 long			
j	9040 HAMEDIATE CAUSE (A) Pulmon any Edense.					
	ANTECEDENT CAUSE(S) DUE TO M 452 cardial In Least					
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE OUT TO					
	STATING UNDERLYING CAUSE LAST.	STATING UNDERLYING CAUSE LAST. DUE TO				
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0-	. ()			
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	vacture.	it. her	4		
A10	190 DATE OF OPERATION 196 MAJOR FINDINGS O	F OPERATION	- "/	200		AUTOPSY?
2	The fill of the state of the st				NO [
	21e. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (State)					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	While Not while To Poly at the control of the contr					
	/ S M. et wor	tk L et work L	1 ca a x			
	22. I hereby certify that I attended the deceased from, 19, 19, 19, 19, 19					
A15C 1-55 10M	alive on the causes and on the date stated above.					
	SIGNATURE ADDRESS (Street, city, town, stata) DATE SIGNED					
	Julius of Curline Med M.O. 1302-10th MNW (O,C) Feb 28 3.					
	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stote)					
A15	Burial-Transit 2-29-56 Constable Franklin County 24. REC'D BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE					
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE CAUL	, TADDRESS	
	DATE 2-29-56 Bessee M.	thompson	Robert A. P	umphrev-Re	thesde	5M
	and a longer length	morgans,			valor baa.	THU A

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DEPARTMENT OF THE PROPERTY OF THE DESIGNATION OF

PTA CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BAIDATA	
TEOUTO SECURIO CO. LT	2-27-56 Ft. Lincoln
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A15-10-53

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01930

1959 CERTIFICATE OF DEATH Reg. Dist. No. 216

1000		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY MONTGOMENY MARYLAND	STATE MA COUNTY MO	nt.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL	ano give nearest town)
X TOWN Bethesda I month	TOWN ROCK VILLE	26
HOSPITAL OR INSTITUTION OR SUBUL Ban HOSP	STREET (If rural give location ADDRESS 4816 Ox Bow	load
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Florence Mae Hayn	(Last) 4. DATE (Month) OF DEATH: Feb.	Day) (Year) 5 1956
Female white Specify: WI down May &	8,1874 81 yrs. Months	Days Hours Min.
work done during most of working life, even if retired)	Hineman, lennsy vania	CITIZEN OF WHAT
13. FATHER'S NAME: Newham	14. MOTHER'S MAIDEN NAME: Malone	u
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	(
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Ann Newcome	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	ine Cardeo- Vascular Keral disen	4
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	actions elections of theules	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Coun	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
SIGNATURE O. L. Marks	4:25 AM, from the causes and on the date	stated above. TE SIGNED 2/5/56
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

DECENSED

LEB 8 ISDE

BUREAU V. S.

4	The	MARKIAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	01931/			
	J.	Item 0, FilmGly2 2-14-50 et					
11	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE				
()/	leg	COUNTY MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Maryland COUNTY MOT CITY(If outside corporate limits, write RURAL	ntgomery			
M		OR and give nearest town) CTOWN Silver Spring (in this place)	or Town They Chase	and give hearest town			
	rmati arly a	HOSPITAL OR INSTITUTION OR STREET ADDRESS 9810 Georgia Avenue	STREET (If rural give location) ADDRESS 7204-47th Street	1			
	item of information of death clearly and	A Comment of the Comm	(Last) 4. DATE (Month)	Day) (Year) 6, 19 56			
6			OF BIRTH: 9. AGE last birthday F UNDER Months I	10			
NG	causes	iOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE	II. BIRTHPLACE (State or foreign country): 12. Indiana	CITIZEN OF WHAT			
BINDING	Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
BIN	Su]	Benjamin F. Heaton	Olive S	Apply Company			
FOR	INK. Su se write	(Yes, no, or unk.) (If Yes, give war or dates of service) 15. Was Deceased Ever in U.S. Armed Forcest (15. Social Security No. Unknown	Son Above address: Forrest	F. Heaton			
IN RESERVED	WITH UNFADING	IB. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	ona, lobar	ONSET AND DEATH			
MARGIN	parent .	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
M	LY, orts	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
	PLAINLY, W	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
*	-	3 (2)A. ACCIDENT WAS UNDERLYING 218. PLACE (nome, Iarm, Iactory, 21c, WHERE DID (City or town)					
	× 10	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?				
5 — 10 - 53	ASE TYPE OR correct age is	Signature Cantor M.	DA. Bethesda OR CREMATORY LOCATION (City, town, or	stated above. TE SIGNED			

Burial 2-8-1956 Oakwood Cem DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

ADDRESS Chres Bethesda, Md.

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BECEINE

FEB 29 1956

BECEINED

VS. A15-10-53

1	1896 CERTI	PARTMENT OF HEAL FICATE OF DEA	ATH Reg	Dist. No. 22
1. PLACE OF DEATH:	1030		SIDENCE (HOME) OF DEC	
1:			2 1	MONTGOME
CITY (If outside corporat	te limita, write RURALI LENG		any land COUNTY ide porporate limits, write RU	
OR and give nearest to	own) (ir	this place) OR	elver Spren	·go·
HOSPITAL OR WAR	hington Santar	STREET ADDRESS	1004 Words	ide Bak
3. NAME OF (Flr. DECEASED: (Type or Print) France	16. 421	Rayahi Haird	4. DATE (Month) OF DEATH: 2	(Day) (Yea 7 19
5. SEX: 6. COLOR O		1 1 2 6 6-1	9. AGE last birthday Mont	DER 1 YEAR IF UNDER 1
OA. USUAL OCCUPATION (G work done during most of v even if retired):	Give kind of 10B. KIND OF	BUSINESS 11. BIRTHPLAC	E (State or foreign country):	12. CITIZEN OF COUNTRY?
13. FATHER'S NAME:		14. MOTHER	MAIDEN NAME:	
Hamuel ,	Heindel	Leah	Hobrbaugh.	
S. WAS DECEASED EVER IN U.S. (Yes, no, or unk.) (If Yes, give of service)		Hospil	al Reends.	
A DISEASES OF CONDITIO	18. MEDICAL	CERTIFICATION		INTERVAL BE
420.0	ANS DIRECTET ELABANG TO	A P	- 1/. +	ONSE! AND
IMMEDIATE CAUS	E (A) DUE TO	ente longeste	me of cont	2 day
ANTECEDENT CAUSE	(5)	and I He	, accept	3.1.
DISEASES OR CONDITIONS GIVING RISE TO THE ABOV STATING UNDERLYING CA	VE CAUSE DUE TO	to Ali	" de la companya della companya della companya de la companya della companya dell	38 000
IT OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	Misbellistic	Heart Resea	re!
TO THE DEATH BUT NOT	RELATED TO THE			
19A. DATE OF OPERATION:	198. MAJOR FINDINGS O	F OPERATION		20. AUTO
0	The state of the state of			YES N
21A. ACCIDENT WAS UNDER DR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH OF INJURY str	eet, office bldg., etc. INJURY OC	E DID (City or town) CUR?	(County) (Sta
TID. TIME (Month) (Day) (Year) (Hour) 21E INJUR While M. at work	Y OCCURRED 21F. HOW DI Not while at work	D INJURY OCCUR?	
22. I hereby certify that	I attended the deceased	from du , 1956, to	Feb. 7., 1956 that	I last saw the dec
alive on Feb-6	., 1924 and that death	A ADDR	the causes and on the RESS Col. Aluel	date stated above
	a wayun	M. D.	a something the	4 1/20
23. BURIAL, CREMATION.	DATE THEREOF NAM	E OF CEMETERY OR CREMATO	DRY LOCATION (City, to	wn, or county)
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	2/2/-1 7	WE OF CEMETERY OF CHEMATO	(1 A	adams, Fa

FEB 8 1956

BECEINED

VS. A15-10-53

,01234 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1962	CERTIFICATE	OF	DEATH
1000	CHILLIA	O.T.	

Reg. Dist. No. 1664

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
and legibly	COUNTY MONTGOMERY CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN COUNTY MONTGOMERY MARYLAND LENGTH OF STAY (in this place) YEARS	STATE D.C. COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN WAShington 47
clearly	90 STREET ADDRESS 3000 Mc COMAS AVENUE	√
death c	OECEASED: (Type or Print) CAROLINE H.	ertzberg 4. DATE (Month) (Day) (Year) OF DEATH: February 8 1956
	Female White (Specify): Widow MARC	of BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
causes of	work done during most of working life, even if retlred):	WAShington, D.C. 12. CITIZEN OF WHAT
te the	Allen Hollander	MARY Kelly
please write	(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMAÑT & ADDRÉSS:
plea	18. MEDICAL CERTIFICATE I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
lans:	ANTECEDENT CAUSE (S)	Thomberis 22 hrs
Physicians:	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	acleration Carella Varentes Dines
ي	(C)	
ımportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
2	DISEASE OR CONDITION CAUSING DEATH.	
	194. DATE OF OPERATION:	20. AUTOPSY? YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
age		9:50 PM, from the causes and on the date stated above.
correct		D. Shuham Hatil Word, D.C. Feb. 8, 1956
2	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE 2-10-1956 Washington	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2-10-6 Transcontinuous Taller	LOZOPU AUVERA DONS Wash, D. G.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01935

CERTIFICATE OF DEATH 1963

-1	I. PLACE OF BEATH	2. USUAL RESIDENC	E (HOME) OF DECEAS	SED
1	COUNTY MONTGOMETY MARYLAND	STATE MOTY	and county Mo	nta.
ı	CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (Il outside obrpora	te limits, write RURAL end give	neerest town)
1	OR end give neerest town) TOWN TOW	TOWN BAY	ds - REI).
١	HOSPITAL OR	STREET	(If rural give location	on)
ı	711 STREET ADDRESS 117 La draza Hachitai	ADDRESS		
1	3. NAME OF (First) (Middle)	4- 8		
ı	DECEASED A ()	(Lost)	4. DATE (Month)	(Dey) (Year)
ı	(Type or Print) //illiam //indsor/too	925	DEATH &	11 1956
ı	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F/BIRTH 9.		DER 1 YEAR IF UNDER 24 HRS.
ı	19 White (Specify) Married 7-	17-1874	8 / yrs. Months	s Deys Hours Min.
1		11. BIRTHPLACE (State or foraign	country)	12. CITIZEN OF WHAT
1	dona during most of working life, even if or INDUSTRY retired)	190001/00	. 1	COUNTRY?
1	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN N	AME	45
ı	13/4/1-	M	1011	
ı	YVIII am Itogges	1/1974 /	WindSor	71
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES, 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & AL	DRESS	0 (1, 1
à,	(ras, no, or unk.) (iii: es, give war or dates of service)	1775 W/W	1. Hodass - 6	JA4115 141
	18. MEDICAL CER	TIFICATION	11111	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
	600,0 IMMEDIATE CAUSE (A) Wellion			2 weeks
	ANTECEDENT CAUSE(S) DUE TO	Till		7 41
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	ey was		3 minus
	STATING UNDERLYING CAUSE LAST. DUE TO	, 0,7		r/ 1
	13 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	anius		7 years.
	TO THE DEATH BUT NOT RELATED TO THE	- 1000l	Litera	6.10000
Ā	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	o or ler	CUCI.	= o gener
y	178. MAJOR PINDINGS OF OPERATION			YES NO IX
a	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, 2	Ic. WHERE DID INJURY OCCUR?	(City or town) (C	County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(5)5(0)
		If. HOW DID INJURY OCCUR		
	M. at work at work			
	22. I hereby certify that I attended the deceased from	-1 01 84 gs.	Q 11 10 56 tha	t I last saw the deceased
9	1. 7.5	TO A MANAGE TO A STATE OF THE S		
1	alive on		uses and on the date sta ESS (Straet, cily, town, steta)	DATE SIGNED
	J. D. atrust	7	1 -11.0	17 101 61
	23. BURAL, CREMATION, ATTEMPT NAME OF CEMETERY OR	CREMATORY /Suc	LOCATION (City, town, or cou	13 700 06
3	TEMOVAL (SPECIFY)	un L	E and Comp, town, of con	unty) (State)
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	16/	reyerie/	114
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
6	DATE 700-14, 1106 1000 4-65000	VIIII DY	4 13/t//ton	r. Darnesill

MARYLAND STATE BERNETHER OF RESERVE STATE CHALVEAN

CERTIFICATE OF DEATH

BUREAU K. E.

FEB 16 1956

MECENAED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED:

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,	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. S
	OR W
	TYPE (
	PLEASE TYPE

1. PLACE OF DEATH:



VS A15 (4) 15M 9/SS

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1965

CERTIFICATE OF DEATH

01937

							rad. nizi. i.	10.	/
1. PLACE OF DEATH o. COUNTY Monte	gomery	MARYLAN	- 11	usual RESIDENCE (Who o. STATE Mary:		l lived. If institution: b. COUNTY		efare odmis	
b. CITY OR TOWN (If outs RURAL and give neares)	ide corporote limits, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If o	utside corpo	rate limits, write RUR	AL and give	nearest tow	n)
[]	er Spring			Silver Sp	pring		56		
ORJASTITUTION	f not in haspital, give street tern Avenue			d. STREET ADDRESS 7723 East	tern	Avenue	1	ON	SIDENCE A FARM? NO (3)
3. NAME OF DECEASED (Type or print)	Mary	Griebel	Но	worth	4. DATE OF DEATH	Month Februa	ry 21	Day	Yeor 19 56
	white widowi	NEVER MARRIED DIVORCED	8. D	uly 25, 18	374	1 1 1 1 1 1 1	UNDER 1 YE	-	
10a. USUAL OCCUPATION (G during most of working li HOUSEWIT	ife, even if retired)	KIND OF BUSINESS OR IN	DUSTRY	Wilkes-I			U.	S.A.	COUNTRY
13. FATHER'S NAME			1.	4. MOTHER'S MAIDEN N	IAME			1911	
Gustave C	Griebel			Cathrine	e Re	inhart			
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes,	U. S. ARMED FORCES? 16. give wor or dates of service)	no no	7. INFO	aham Funer	ral H	ome Wil		arre	,Pa.
Conditions, if any, we gave rise to immediately case (a), stating the universe last.	which diote ander-	tirio se	line	tic Han	et de	usca	,	5 4 s	s
CAT	IGNIFICANT CONDITIONS	ilkutes	4	e farguas	el		IN PART 1(a	PERFC	AUTOPSY ORMED?
200. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH ICAL EXAMINER) 206. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature af injury in f	Part 1 or Part	II of item 18.)			
ZOc. TIME OF INJURY M Haur a. m. p. m.	Nonth, Day, Year 20d. II 19 While at wor	Nat white	PLACE	OF INJURY (Home, farm, street, affice bldg., etc.	, 20f. (City	or tawn)	(Caunt	(y)	(State)
21. I certify that I	attended the deceas	ed from June	e	, 1953, to FE	062	196,	that I last	saw the	decease
ACTUAL SIGNATURE.	auxò, K	and that dec	mth oc	7717 Cel		the causes and rest city or town, sto	d on the c	date state	
PHYSICIAN'S Fra	ancis X. Ri	chardson		041/31/					
22a. BURIAL, CREMATION, 2 REMOVAL (Specify) Removal	2/22/1956	22c. NAME OF CEMETER Hollenbac				ION (City, town, or c		(Stat	le)
23. FUNERAL DIRECTOR'S SIG	NATURE Co 291	Ol Appress	. 1	24a. REC'I	BY REGIST	RAR 246. REGISTR		TURE /	04

. or constant the following the contract of TO A THE PROPERTY OF THE PROPE TUREAU V. E EEB SA 1820. Francis A Stone door PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01938

1300 CERTIFICATIO	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	STATE North Carolina
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place) (in this place) 24 days	CITY(If outside corporate limits, write RURAL and give nesrest town) OR TOWN Havelock 70 x - 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 14 Daphne Court
3. NAME OF (First) (Middle) (DECEASED: (Type or Print) Mary Geraldine	(Last) 4. DATE (Month) (Day) (Year) OF February 9 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify): Married 4-2-	9. AGE last birthday IF UNDER 1 VEAR HOURS Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired Housewife Housewife	Pennsylvania Pennsylvania Pennsylvania
13. FATHER'S NAME: Michael WANDRICK	Mary VIDLICKA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	'Ausband' John' HRIA'S: Same as above
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ith metastases Unknown
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 2	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
M. (N.) ROTHERET, MO, USN U. S. Naval Hospita 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	7;00PM, from the causes and on the date stated above. ADDRESS AL, NNMC, Bethesda, Maryland ERY OR CREMATORY LOCATION (City, town, or county) ational Cemetery Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 10 Feb 56 May 6. tarrelly	R4 Au Fimphrey Pineral Home Address 7557 Wisconsin Avenue, Bethesda, Md.

BUREAU V. S. FEB 14 1956

And Action & Services

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I. PLACE OF DEATH: COUNTY Montegomery MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Takeme Park Odays STATE NW Wash Country TOWN Takeme Park Odays TOWN NW Wash: nate HOSPITAL OR INSTITUTION OR STREET ADDRESS OT STAY STREET ADDRESS Odor or 7. SINGLE. MARRIED. S. DATE OF BIRTH: S. AGE Institution of the park with the park Death with the park Deat	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	01939
COUNTY Montegomery CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) OR and give nearest town) TOWN TAK one. PACK OR And give nearest town) TOWN TAK one. PACK OR And give nearest town) OR TOWN N. W. SST. 194 HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET ADDRESS SAN ADDRESS S. ANAME OF (First) DECASSOR (Middle) S. SEX: OR COLOR OR 7. SINGLE MARRIED. S. DATE OF BIRTH: S. ACE last birthday in uncertified in uncerti	1897 CERTIFICA	TE OF DEATH Reg. Dist	. No. 213
CITY (If outside corporate limits, write RURAL and give nearest town) OR N. W. Wash: nate In STREET (If rural give location) ADDRESS 3143 19 55. STREET ADDRESS 3	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
CITY (If outside corporate limits, write RURAL and give nearest town) OR N. W. Wash: nate In STREET (If rural give location) ADDRESS 3143 19 55. STREET ADDRESS 3	COUNTY Mante games MARYLAND	STATE NW WOSL D.C. COUNTY	
TOWN N. W. Wash: nate new park 0 days TOWN N. W. Wash: nate new park New piral or institution or street address washington Senitarium + Hospital Street address Street	CITY (If outside corporaté limits, write RURAL LENGTH OF ST	TAY CITY(If outside corporate limits, write RURAL a	and give nearest town)
NOSPITAL OR NOSTITUTION OR STREET ADDRESS ADDRES	INTOWN T I	TOUR! 11	47x.3
STREET ADDRESS Wash: ngt of San: tar: wm + Hospital 3143 1915t. 3. NAME OF (First) (Middle) (Last) (Last) (Day) (Year) DECEASED: (First) (Day) (Year) OF AMALIE (Month) (Day) (Year) OF AMALIE (Middle) (Last) (Day) (Year) OF AMALIE (Middle) (Last) (Day) (Year) OF AMALIE (Middle) (Last) (Day) (Year) OF AMALIE (Middle) (Day) (Year) OF AMALIE (Middle) (Last) (Day) (Year) OF AMALIE (Middle) (Day) (Year) OF AMALIE (Middle) (Day) (Year) (Year) OF AMALIE (Month) (Day) (Year) (Year) OF AMALIE (Middle) (Day) (Year) (Year) (Middle) (Day) (Year) (Year) OF AMALIE (Middle) (Day) (Year) (Year) (Middle) (Day) (Year) (Year) OF AMALIE (Middle) (Day) (Year) (Middle) (Day) (Year) (Middle) (Day) (Year) (Year) OF INJURY OCCUR?	HOSPITAL OR	STREET (If rural give location)	
S. NAME OF DECEASE (First) (Middle) (Decease of the property of the post of th	75 STREET ADDRESS Washington Sanitarium + Hos	sp:141 3143 19 st.	<u> </u>
5. SEX: COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday 17. UNDER VEAR IF UNDER A MRI. Months Days Min. Days Days Min. Days Da	S. NAME OF (FIRST) (Middle) DECEASED:	1 1 1 1) OF -1	
RACE: WIDOWED. DIVORCED. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. Min. Specify: June 12 - 28 - 69 St yrs. Months Days Hours Min. June 12 - 28 - 28 St yrs. Months Days Hours Min. June 12 - 28 - 28 St yrs. Months Days Hours Min. June 12 - 28 - 28 St yrs. Months Days Hours Min. June 12 - 28 - 28 St yrs. Months Days Hours Min. June 12 - 28 - 28 St yrs. Months Days Hours Min. June 12 - 28 - 28 St yrs.	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DA		
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M. at work at work		RED 21F. HOW DID INJURY OCCUR?	
22 I berely certify that I attended the deceased from My 20, 19th, to Will 1, 19th, that I last saw the deceased			
and I hereby effering that I determine the december 11010 per summy to the december 11010 per	22. I hereby certify that I attended the deceased from	19 , 19 , to 1, 19 €, that I last	saw the deceased
alive on 19 , and that death occurred at 6 PM, from the causes and on the date stated above.			
(Chemon d) O. Gelse, M.D. 7600 Carrall ane; Tokok Felig 56	I Carrier D. Usese	M. D. 7600 Carrall ane; Takes File	9/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)			county) (State)
Generation 2/13/1956 It lancoln Genestore June Horge Co. Mcl.	Generation 2/13/1956 Ft lane	oln Crematores Prince Florac Co.	Mel.
DATE REC'D BY LOCAL BEGISTRANS SIGNATURE 24. FUNERAL DIRECTOR 2901 14 The standards.	DATE REC'D BY LOCAL BEGISTRAS SIGNATURE	1 24. FUNERAL DIRECTOR 2901 18 thes	-ADDRESS.

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registrar within 72 hours after death. After by the funeral director, the third copy of

the _=

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01940

CERTIFICATE OF DEATH 1967

Reg. Dist. No. 216

DECASED PROSER I. SINGLE, MARIED, MUNITURE PEATH Feb. 28, 1956 SEX 6. COLOR OR ACC WINDOWED, DIVORCED, Specify Married Sept. 1891 OLUMAN OCCURATION (Give kind of work down during most of working life, even if reliefed Droker House Sept. 1891 John KINDO TRUBES SIL BRITHLACE (State or foreign country) Washington, D. C. FATHER'S NAME ROSSET I. HUNTER ROSSET II. BIRTHLACE (State or foreign country) WASHINGTON, D. C. USA ROSSET I. HUNTER ROSSET I. HOW DID ROWAND FOR FOREIGN AND DEATH ROSSET I. HUNTER ROSSET I. HUNTER ROSSET I. HUNTER ROSSET I. HUNTER ROSSET I. HOW DID ROWAND FOREIGN AND DEATH ROSSET I. HUNTER ROSSET I. HUNTER ROSSET I. HUNTER ROSSET I. HOW DID ROWAND COURSE ROSSET I. HOW DID ROWAND COURSE ROWAND ROSSET ROSSET II. HOW DID ROWAND COURSE ROWAND ROSSET ROSSET II. HOW DID ROWAND COURSE ROWAND ROSSET ROSSET ROSSET II. HOW DID ROWAND COURSE ROSSET	1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED
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NAME OF DECEASED (Pirit) (Middle) (List) (Dry) (Year) POSCER (Pirit) (Middle) (List) (Part Pob. 28) 1956 SEX A: COLOR OF T. SINGLE, MARRIED. (Middle) (Midlle) (Middle) (Middle) (Midlle) (Mi				X X
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2. I hereby certify that I attended the deceased from ANGUARY, 1954, to 28 Feb., 1956, that I last saw the deceased on 27 Feb., 1956, and that death occurred at 0554M, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, stete) DATE SIGNED ADDRESS (Street, city, town, stete) DATE SIGNED ANAME OF CEMETERY OR CREMATORY LOCATION (City, Aown, or county) API IN ST. ON ALLIONAL API IN ST. ON ALLIONAL	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUP	?	
2. I hereby certify that I attended the deceased from January, 19.54, to 28. Feb., 19.56, that I last saw the deceased of the course of the causes and on the date stated above. SIGNATURE SIGNATURE ADDRESS (Street, city, town, stele) DATE SIGNED ADDRESS (Street, city, town, stele) DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION, City, Aown, or county) (State) API in stone API in stone API in stone Virginia	None While Not while at work	Nme		
SIGNATURE SIGNATURE BURIAL, CREMATION, REMOVAL (SPECIFY) ADDRESS (Street, city, town, state) ADDRESS (Street, city, town, state) DATE SIGNED Woffer Recof Army Hespital Wish, DC. 28 February LOCATION, or obunity) (State) AT I in St. On all in St. On all in St. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On Wire in its st. On all in St. On all in St. On Wire in its st. On all in St. On			5- h - 5/	
SIGNATURE Colored A Presental West, C.S.A.) BURIAL, CREMATION, REMOVAL (SPECIFY) ADDRESS (Street, city, town, slete) DATE SIGNED Watter Read Army Hespital Wish, DC. 28 Feb. (State) Arlington Virginia Arlington Virginia	A T T T T T T T T T T T T T T T T T T T			
SIGNATURE SIGNATURE ADDRESS (Street, city, town, stete) DATE SIGNED Walter Read Army Hespital Wash, Dr. 28 Feb. BURIAL, CREMATION, REMOVAL (SPECIFY) APPlington National APplington Vinginia	alive on 27 1-CD , 19.56 , and that death occurred a	10.53AM, from the c	auses and on the date sta	ated above.
BURIAL, CREMATION, REMOVAL (SPECIFY) 3-2-56 Arlington National Arlington Virginia	SIGNATURE / / A A A A A A A A A A A A A A A A A			DATE SIGNED
BURIAL, CREMATION, REMOVAL (SPECIFY) 3-2-56 Arlington National Arlington Virginia	Coward Al Vres & MX (4-Cof MC, USA,)	Withor Reco	Army Hespital	Wash Dr. 28 Feb.
REMOVAL (SPECIFY) 3-2-56 Arlington National Arlington Virginia	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY	LOCATION (City, flown, or cour	11.11.11
m D-4-70 MILLINGTON MAUTONAL TARTINGTON, Virginia	REMOVAL (SPECIFY)			illy) (Sidle)
BIIPTO		lotion - 1	A = 7 T	
REGISTRAR REGISTRAR'S SIGNATURE 2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Burial 2 2 printing con .			rginia
1 - 56 Dessie M. Homkson Robert A Dunnhau Bethesda Md.	24. RECD BY REGISTRAR REGISTRAR'S SIGNATURE			

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01942				
1969 CERTIFICATE	E OF DEATH Reg. Dist. No.			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:			
COUNTY MONTGOMENY MARYLAND	STATE Md COUNTY Montgomery			
CITY (If outside corporate mits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate mits, write RURAL (in this place)) (in this place)	CITY(If outside corporate limits, write RURAL and live neares flown) OR TOWN Afficial			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sur Australia	STREET (If rural give location) ADDRESS			
14 1900 004 00	(Last) 4. DATE (Month) (Day) (Year)			
DECEASED: (Type or Print) Josephine Lugo Jasch	(1301)			
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday FUNDER : YEAR IF UNDER 24 HRS. Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT			
work done during most of working life. even if retired): Secretary	Washington DC. US			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Euripides ruge	Martinez			
15. WAS DECEASED EVER IN U.S. ARMED FORCES 1 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:			
NO 101 SERVICES YES	Ollen E. Jack Ruetana			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH			
193X IMMEDIATE CAUSE (A) Adens Co	recine na ox brain + 4 yas.			
ANTECEDENT CAUSE (8) DUE TO / May T				
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	general miles			
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?			
0	YES NO X			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from M. A	1954 to 2/8, 1954 that I last saw the deceased			
21	16 A M, from the causes and on the date stated above. ADDRESS DATE SIGNED			
Herbann M.	.D. 4301 48h St NN,			
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (State)			
Burial 12-10-56 Arlington	The state of the s			
REGISTRAR /10/66 Blue. M. thombrons	Bethesda, Md.			

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DECENALD

VS. A15-

18

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01941

1968	CERTIFICATE	OF	DEATE	r

Reg. Dist. No. 2/4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D. Same
COUNTY MONTGOMERY MARYLAND	STATE M. COUNTY MAN	tasmer
CITY (If outside conforate limits, write RURAL OR and give nearest town) TOWN Siver Soin 4	CITYIIf outside corporate limits, write RURAL a	and goe nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8401 Dixon Avenue	STREET (If rural five location) ADDRESS 401- Autou	fave!
DECEASED:	(Last) 4. DATE (Month) OF DEATH: February	Day) (Year) 16 1956
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. (Specify) Married August	OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Mln.
Work done during most of working life, even if retired): House wife	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Muknown	14. MOTHER'S MAIDEN NAME:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Patrick J. Joyce 8401 Dixon Av	e Silver Soma
18. MEDICAL GERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
153 X IMMEDIATE CAUSE (A) LIVER	failure - coma	ONSET AND DEATH
ANTECEDENT CAUSE (8)	+ + · + · ·	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	metastasis	3 years
	ma ot colon	5 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March alive on Feb 15, 1956, and that death occurred at SIGNATURE	9.13 A.M. from the causes and on the date	saw the deceased stated above.
23. BURIAL, EXEMATION. DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 2/20/1956 Washims		county) (State)

EB 33 1956

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1898 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1000		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;
COUNTY Mantagener MARYLAND	STATE Md COUNTY MA	4
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and one nearest town
OR and give nearest town) (in this place)	OR 0 - 0 .	and give nearest wight,
TOWN Takema Cash I day	TOWN Selecte Spring	a. md.
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS	13320 - 1 Tank	-1-1
3. NAME OF (First) (Middle)	Last) 4. DATE (Month) (ace
DECEASED: (Type or Print) Hazel Mazquerite Takan	OF 7	Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 Months I	
7 cmale white (Specify): Married 12. OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS)	17.17 38 yrs.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Housewife Own home	m · /	118
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	9
1 - 1	m 1.011	
arthur I. Runke	Marquerele Tleck	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	1 m
Yes, no or unk.) (If Yes, give war or dates of service) 212-03-6861	Mr. Alf Johannessen, 133 Fleet	
18. MEDICAL CERTIFICATI	Silver Spring	Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
4452	. 10	
IMMEDIATE CAUSE (A)	ma of Jegnancy	2 months
ANTECEDENT CAUSE (S)	1 1 1	
/1 1	in Medication	1 4000
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	- July Marie	- four
STATING UNDERLYING CAUSE LAST.	- 1 111 + +·	10
(C) Calm	a perension	1/ year
TO THE DEATH BUT NOT RELATED TO THE	·+00	0
DISEASE OR CONDITION CAUSING DEATH.	esity	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	/	20. AUTOPSY?
		YES NO X
ACCIDENT WAS UNDERLYING TO 210 BLACE (Name form foot	ory ota Wilens Dip (City or town) (Cour	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
OF INJURY M. at work at work		
	in 101/1 - fol 0 - 11	.,,
22. I hereby certify that I attended the deceased from	7.7, 19.3.2, to 19.5.6, that I last	t saw the deceased
alive on helv 9 , 1956, and that death occurred at	2:43.2M, from the causes and on the date	stated above.
SIGNATURE.	ADDRESS DA	TE SIGNED 2 - 10-5
I halet C. Sones m. 12 918 8 la	sworth Drawe Selves les	ing md.
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, toyn, or	r county) (State)
Burial 2/13/56 Providence M.	E. Church Cemetery, Kemptown, Ma	//
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE //	24. FUNERAL DIRECTOR	ADDRESS
REGISTER OF THE PROPERTY OF TH	Warner & Tumphrey Silver Spi	Ga. Ave.
Burial 2/13/56 Providence M.	E. Church Cemetery, Kemptown, Ma	r county) (State

VS. A15-10-53

MARGIN RESERVED FOR BINDING

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1. PLACE OF DEATH:	Reg. Dist. No
COUNTY MONTGOMERY MARYLAND	STATE Maryland COUNTY St
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda, Rural 1 mo 13 day	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN U. S. Naval Air Station Patuxent 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS. S. Naval Hospital	STREET (If rural give location) ADDRESS MEMQ 750-A
	JOHNSON 4. DATE (Month) (Day) 8 (Year) 6 DEATH: 19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED. 8. DATE 2-13-	9. AGE last birthday F UNDER (YEAR IF UNDER 24 Hrs. 21 31 Yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MATINET 108. KIND OF BUSINESS OF INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Gilbert H. JOHNSON	14. MOTHER'S MAIDEN NAME: Naoma HOLMES
(Yes. was Deceased Ever IN U.S. ARMED FORCES) 16. SOCIAL SECURITY No. (Yes. was of service) WW Tor date of service) Unknown	Wire Mrs. Lois M. Johnson Rison, Arkansas
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO (B) DUE TO (C)	kink Jarume 3 mas
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	D 21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 25 I alive on 8 Feb , 1956, and that death occurred at SIGNATURE LCDR, MY, USN U. S. Naval He 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETER REMOVAL (SPECIFY) 14 Feb 56 Greenwood Cemeters 14 Feb 56 Greenwood Cemeters 14 Feb 56	9:11P _M , from the causes and on the date stated above. ADDRESS OSPITAL, NNMC, Bethesda, Maryland ERY OR CREMATORY LOCATION (City, town, or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OFFICE 1956	2R.FUNERPHINITE OF Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

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Supply every item of information carefully.

please write the causes of death clearly and legibly.

important. Physicians:

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MARGIN RESERVED FOR	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.
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S. A13 — 10 - 55	PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01945
	773
1899 CERTIFICATE OF DEATH Reg. Dist.	No. 223
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY DUNT DONE MARYLAND STATE M. COUNTY MON CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN HOSPITAL OR STREET (If rural give location) ADDRESS (If rural give location)	toomery na kive nearest town)
15 STREET ADDRESS Washington Sen. + Hosp. 216 Gthan allen	Day) (Year)
Type or Print) Torence Calista Dones 5. SEX: 6. COLOR OR 7. SINGLE MARRIED, WIDOWED DIVORCED, WIDOWED	Hours Min.
even if retired): Florist shop.	COUNTRY?
13. FATHER'S NAME: (hapin Henry Harris Martha Stratton 15. WAS DECEMBED FOREST 15. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
(Yes, ng or unk.) (If Yes, give war or dates - Chart / dospital	Pecords
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) CRYEBRA! Embolism	10 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Metastatic Carcinomytosis DUE TO	3 yrs.
(C) II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 9-22-55 Carcinoma of right brant	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory 1c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
22. I hereby certify that I attended the deceased from 12/26, 1951, to 2-2, 1956, that I last alive on 2-2, 1956, and that death occurred at 11 M, from the causes and on the date signature N.D. 13 Kome Porto Mod.	stated above. E SIGNED 2 - 3 - 5-6
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL, (SPECIFY) DATE REC'D BY LOCAL REGISTRANS/SIGNATURE DEGISTRANS 1956 1016	ADDRESS



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please write the causes of death clearly and legibly.

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INDI	Supply
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ARGIN R	WITH U
M	PLAINLY,
*	WRITE
	OR
10 - 53	TYPE
VS. A15 — 10 - 5	PLEASE

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	01946
1971 CERTIFICATE		No. 215
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Montgomery MARYLAND	state New Jersey county	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL as	nd give nearest town)
X TOWN Bethesda Rural 9 Hours	TOWN Manville	67x-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET (If rural give location) ADDRESS 1411 Roosevelt Ave.	V
3. NAME OF (First) (Middle) ((Last) 4. DATE (Month) (E	Day) (Year)
DECEASED: (Type or Print) Paul (N) KEP	PENACH OF DEATH: Feb. 1	6 1956
	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y Months D	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner 10B. KIND OF BUSINESS OR INDUSTRY: Mariner	P1. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.0.
Unknown	Mary KEPENACH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) WW_TT Unknown	17. INFORMANT & ADDRESS: Official Navy Records	
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) Menungitus DUE TO (B) Ethmord a DUE TO (C)	- pumlent - Bhenralytic strepto-	? 3 days.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing 21B. PLACE (Home, farm, factor of Contribut	ory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
22. I hereby certify that I attended the deceased from 16 Fe	b., 1956, to 16 Feb., 1956, that I last	saw the deceased
alive on 16 Feb, 1956, and that death occurred at SIGNATURE	ADDRESS DAT	stated above. E SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	opoital, Bethesda, Maryland ERY OR CREMATORY LOCATION (City, town, or	
Purial 20 Feb. 1956 Private Ce	emetery Manville, New Je	rsey
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 17 February 1956 May 6. tansely	R.A. Pumphrey, Funeral Home, 75	57 Wisconsin

LEB 80 1828

within 24 hours ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 18 Film G194

CERTIFICATE OF DEATH

01947 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Montgomer	у	MARY	(LAND	2. USUAL RESIDENCE (WI		lived. If institution Columnia		before admi	ssion)
b. CITY OR TOWN (RURAL ond give n	If outside corporate limed earest town Betnesda	Rural	15 days	IN 1b	c. CITY OR TOWN (IF a	oulside corpor		URAL ond gi	ve nearest tow	(n) -/x 3
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, (U. S. Nav	ive street od			d. STREET ADDRESS		Street,	N.W.	ON	SIDENCE A FARM? V
3. NAME OF DECEASED (Type or print)	Harley	at	Middle Martin		Lost KILGORE	4. DATE OF DEATH	Februa		28	Year 19 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIE			1-11-93		9. AGE (In years lost birthday) 9. yrs.		YEAR IF UNE	Min.
10a. USUAL OCCUPATION during most of wor Ue Se Sens	ON (Give kind of work king life, even if setired a tor State	of Wes	nd of Susiness of Virgini	R INDUST	West Vi	or foreign co		12. CITIZ	EN OF WHA	T COUNTRY?
13. FATHER'S NAME Quimby KII	GORE				14. MOTHER'S MAIDEN H					
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR	ervice)	cial security no known	38 575.5	FORMANT RVY Records 7	This Ho	Add ospital	ress		
Conditions, if a gove rise to i cotse (o), stoting lying couse lost.	mmediate DUE TO	Thr	Teldib/ / felo	Lell	///k//////////////////////////////////	/		/	2 Les black	Lilley Julie
PART II. OF	HER SIGNIFICANT CON Diabete			ATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
200. ACCIDENT WOOD OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRED	(Enter nature of injury in	Port I or Port	Il of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Ye	or 20d. INJ While of work	URY OCCURRED Not while	20e. PLA	CE OF INJURY (Home, form ory, street, office bldg., etc	n. 20f. (City	or town)	(Co	ounty)	(State)
21. I certify the alive on 20 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC BUREMOVAL (SPECIFIC)	L' CANAG	, 12 56	, MC, USN	U. S	. Naval Hosp	AM, from ADDRESS (Stroital,	the causes of	thesds	e dote state	ed above. ATE SIGNED
23. FUNERAL DIRECTOR	S SIGNATUREGAWL	ers Fu	ne Pares Hon	10		D BY REGISTE	AR 244 REGIS	, -)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed VS A15 (4) 15M 9/55

E OF DEATH - SITE OF DEATH - STATE OF	TADER TOTAL CERTIFICAT
ware the object the local and the second to	7 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
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CERTAINE OF DEATH

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. d. T.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	•
COUNTY MONTGOMERY MARYLAND	STATE MA COUNTY MM	69
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Selecter Aberry	kive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS / 2 / / 5 Valleyword Dr	STREET (If rival, give ocation) ADDRESS / 25/5 Valley worm	of Dr
3. NAME OF DECEASED: (Type or Print) (First) (Niddle)	(Last) 4. DATE (Month) (Day OF DEATH Feb 2) (Year) 5 - 19 5 - 6
RACE; WIDOWED, DIVORCED, (Specify): Wildow /-	S OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Months Day	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of Mork done during most of work life, even if retired): Annalysis	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Jolomon Mosch kow. To	unhabren	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	me as
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Coronary	seclusion	Sublden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)	2	Sips
giving rise to the above cause DUE TO		
stating underlying cause last (c)		0
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc. INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while in the Not work ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	ped above, held an Autopsy 🔲, Inspection 🔎	, Inquiry , and
find that death resulted from: Natural causes , Accid	dent □, Suicide □, Homicide □, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause []. DATE SIGNED 2 - 2 1 - 5%
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 26/56 / Ling Some	RY, OR CREMATORY LOCATION (City, town, or eq	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 27 - 36 Frances Follow	24 FUNERAL DIRECTOR Wash	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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I. PLACE OF DEATH: Montgome	ry	MARYLAND			ENCE (HOME) OF COUNTY	umbia	SED:	
CITY (If outside corpora on and give nearest to Town Bethesda R	own)	AL LENGTH (in this 22 da	nlace)	CITY(If outside	corporate limits, wr shington, D.	ite RURA	47x	est to
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.	S. Naval Hos	pital		ADDRES 1419	36th St.,N	give locati	on)	
(-) po or 1	liam ((Middle)	KOREN	Jr.	DEATH:	Febru	ary 6	56
Male White	WIDOWED, (Specify): M	DIVORCED.	4-8-0	9	9. AGE last birthday	Months	Days Hours	М
work done during most of even if retired) State	Give kind of 10B. K working life. Department U	R INDUSTRY:		New Jer		untry): 1	COUNTRY?	F WI
William (n) KORE	N		1	4. MOTHER'S M Adelaide				
15. WAS DECEASED EVER IN U.S.	ARMED FORCEOI 10.	. SDCIAL SECURIT	TY ND.	T INCORMANT	A ADDRESS.			_
(Yes, no, or unk.) (If Yes, given of service)	WW II	Unk.	S	ame as abov	re KO	REN		
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01950 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg. Dist. No.

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Sib	COUNTY MOINGONERY MARYLAND	STATE MICH. COUNTY MONTEONER	
leg	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give neares	
and legibly	OR and give nearest town) (in this place)	OR TOWN BOTTON	×.
	HOSPITAL OR	STREET (If rural give location)	1
clearly	JUSTREET ADDRESS SuburbAN HOSPITON	ADDRESS 4603 Maple AVENUE	
C	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Ye	ar)
death	OECEASED: (Type or Print) MARY Elizabeth L	AWS DEATH: 2-9 19	56
de	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE		24 HRS.
s of	Female White (Specify): Single 4-	15-98 57 yrs. Months Days Hours	Mln.
causes	work done during most of working life. OR INDUSTRY: even if retired) Clerk Aud In Recent 5 Call of Laxes	U.S. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Bolitha J. Waws	Mary Menetee	
write	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
O Se	(Yes, no, or unk.) (If Yes, give war or dates None	Bolitha J. Laws, Jr Item# 2	
please	18. MEDICAL CERTIFICAT		
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
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ici	ANTECEDENT CAUSE (8)	Seft sasal saughe	
Physicians	GIVING RISE TO THE ABOVE CAUSE DUE TO	of Susticulostriate artic	
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important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
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eciall	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (St	no
is especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (St. INJURY OCCUR?	
.50	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	tory. 21c. WHERE DID (City or town) (County) (St. etc. INJURY OCCUR?	ate)
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50	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work at work at work at work at work alive on 2, 19, and that death occurred at SIGNATURE 23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMETIC.	tory. 21c. WHERE DID (City or town) (County) (Steed INJURY OCCUR? 2 IF. HOW DID INJURY OCCUR? 2 IF. HOW DID INJURY OCCUR? 4 IF. HOW DID INJURY OCCUR? 5 IF. HOW DID INJURY OCCUR? 6 IF. HOW DID INJURY OCCUR?	ate)
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DATE REC'D BY LOCAL 5 Feb 1956

REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMEN	T OF HEALTH	-BALTIMORE, 18	01951
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1976 CERTIFICATI	E OF DEAT	H Reg. Dis	t. No
1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECEASE	D:
COUNTY Montgomery MARYLAND	STATE Mary	land COUNTY BE	altimore
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside o	corporate limits, write RURAL	and give nearest town)
OR and give nearest town) TOWN Bethesda Ruzal (in this place) (3 days	TOWN Balt:	imore	3 Va 1 - 4
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural give location)
STREET ADDRESS U. S. Naval Hospital	101	West Monument Stre	eet
3. NAME OF (First) (Middle)	(Last)		(Day) (Year)
(-) Pro or 1 mm) Proposition and management of the contract of	EAHY Jr.	OF DEATH: Februar	ry 4 ₁₉ 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE MACE: WIDOWED, DIVORCED, (Specify): Lift dough 32		AGE last birthday IF UNDER 1	Days Hours Min.
Male White (Specify): Widowed 3-	15-86	69 yrs. State or foreign country): 12.	CITITEN OF WHITE
work done during most of working life OR INDUSTRY.			COUNTRY?
even if retired): Mariner Mariner 13. FATHER'S NAME:	Wisconsi:		US
Michael A. LEAHY	Rose HAM		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.			
(Yesano or unk.) (If Yes, give maryor glates Not also ilable	Son Arthur A	· LEAHY ew Rd., Baltimore	Maryland
of service) WW I & II NOT CONTINUE TO THE TENT OF T		CM May Derrormore	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1014		INTERVAL BETWEEN
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ANTECEDENT CAUSE (S)	11		1
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STATING UNDERLYING CAUSE LAST.	A TANK	410 +- *	71
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	and with the	malant Multalans	Minilla
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	,		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?
			YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DI etc. INJURY OCCUR	(Coun	nty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
2ID. TIME (Month) (Day) (Year) (Hour) 2IE INJURY OCCURRED While Not while	21F. HOW DID IN	NJURY OCCUR?	
M. at work at work		-6	
22. I hereby certify that I attended the deceased from 1 No			
alive on 4 Feb , 1956, and that death occurred at	0: 30PM, from the		
A SIGNATORF	ADDRESS	DA	TE SIGNED
A J CAPPENIATIT LCDR. MC. USN U. S. NAVAL	BOSPITAL, NNM	LOCATION (City, town, o	r county) (State)
REMOVAL (SPECIFY) 8 Feb 1956 Arlington No.	ational Cemete	ry, Arlington, Vi	rginia
Lister of the control			

R. A. Pumphrey Funeral Home Address 7557 Wisconsin Ave., Bethesda, Maryland

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TYPE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1977 CERTIFICATE OF DEATH

Reg. Dist. No.

	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
1	COUNTY MONTAVINETY MARYLAND	STATE Mary land county Montanmery
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest twn)
3	OR and give pearest town) (in this place)	OR ALL
	011129-	011204 611436
	institution or Sharon Chronic Hospital.	STREET (If rural give location)
-	STREET ADDRESS	100 Raymond
	3. NAME OF (First) (Middle)	Last) 4. DATE (Month) (Day) (Year)
	DECEASED: (Type or Print) Mary	of Film
ı	Trype of Trine)	OF BIRTH: 9. AGE last birthday if under 1 YEAR IF UNDER 24 HRE.
	F RACE: WIDOWED, DIVORCED, Mar.	247. 1868 87 yrs. Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
1	work done during most of working life. even if retired):	Duck Sountry H
4	13. FATHER'S NAME:	14. MOTHER'S MAJDEN NAME:
1	0 11 11	The morning of the state of the
	GAOTGE K. WEST	Sarah Jane Bryan
	18 WAS DECEASED EVER IN U.S. ARMED FORCES 18. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS: \$919 9 741757.
0	of service)	Harvey T. West. Bothecha Mid
	18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1	420,1	+1 1
1	IMMEDIATE CAUSE (A)	manurasis c 1kg
	ANTECEDENT CAUSE (S: DUE TO	10.000
	DISEASES OR CONDITIONS, IF ANY, (B)	hal beforeher
	STATING UNDERLYING CAUSE LAST.	1 10
1	(c) Ren ar	The andlessint South 15000
1	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	the state of the s
1	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	$0 \mid 0$
1	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
0	Control of the contro	20. AUTOPS 17
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., of the control of	
1	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
1	OF INJURY While Not while at work at work	
	22. I hereby certify that I attended the deceased from 21 Fr	1- 1057 to 20 5.4 10.57 about 1 1
		_ 0
	alive on 21 126 , 1956, and that death occurred at	8:30 M, from the causes and on the date stated above.
	SIGNATURE Q O O	ADDRESS DATE SIGNED
	John Dasley Zugler M.	
	23. BUPIAL, CREMATION, DATE HEREOF NAME OF CEMETE	TRY OR CREMATORY COCATION (City, town, or county) (State)
	Removal Jet 22/456	Washington 16.
1	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. PUNERAL PIRECTOR ADDRESS
1	REGISTRAR	to also de la como de la la portario de la como de la c

FEB 27 1956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

No.2/3 DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgo	omery
CITY (If outside corporate limits, write RURAL OR and give nearest town) CITY (If outside corporate limits, write RURAL (in this place) CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Rockville	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 A Dawson Avenue	STREET (If rural, give location) ADDRESS 301 A Dawson Avenue	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Donald L.	LUTZ, Jr. 4. DATE (Month) (Day) (Year) 19 56
Male White Widowed, Divorced, (Specify): Single Aug	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Months Day 1955	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None 10b. KIND OF BUSINESS INDUSTRY:	11. Birthplace (State or foreign country): 12. Bethesda, Md.	COUNTRY? USA
Donald L. Lutz Sr.	14. MOTHER'S MAIDEN NAME: Jeanne Be	ssette
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: Donald L. L Father- 301 A Dawson Ave. R	
	ICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Casslyria		French dead
Anteccdent cause(s)	7/2 1 1/2 7 22	3 de
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	Ly Sugacuss	3.30
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factor of street, office bldg., et injury)	etc.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work □ at work □		
22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes ☒, Acsignature ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (Specify): 2-23-56 Parklawn	ERY OR CREMATORY LOCATION (City, town, or co	ounty) (State) Marvland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, REG. 2/23/54 Lawell H. Jungloup	Let. VVNERAL BAYECTON	ADDRESS hesda, Md.

: WRITE PLAINLY, WITH UNFADING INK. age is especially important. Physicians: please - 53 PLEASE A15A - 5 VS.

MARGIN RESERVED FOR BINDING

Supply every item of information carefully. The correct write the causes of death clearly and legibly.

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301 A Dawson Avenue

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS.

MARVIAND STATE DEPARTMEN	OF OF BEALTH DALMIMODE 10
1000	NT OF HEALTH—BALTIMORE, 18 01955
13 /U CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Wont gomes & MARYLAND CITY (If outside conforate limits write RURAL LENGTH OF STAY	STATE Maryland COUNTY /You TGOMERY
OR and give nearest town) (in this place)	OR TOWN
HOSPITAL OR Park teb. 344;195	STREET (If rural give location)
INSTITUTION OR	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
OECEASED: (Type or Print) Ethel Louise Ma	24/0W OF DEATH: 2 - 4 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min.
Female white (Specify): Separated 7	- 21-13 42 yrs.
work done during most of working life. even if retired): Housew: fe 13. FATHER'S NAME:	COUNTRY?
13. FATHER'S NAME:	14. MOTHERS MAIDEN NAME:
Raymond H. Gibson	mary E. Ve: h meyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SDCIAL SECURITY ND. (Yes, no, or unk.) (If Yes, kive war or dates	17. INFORMANT & ADDRESS:
No. of service)	Received from patients Chart.
18. MEDICAL CERTIFICAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH	ONSET AND DEATH
4100	matic Caralts Chronie
ANTECEDENT CAUSE (S'	War Fibrillation & Singe
DISEASES OR CONDITIONS, IF ANY, (B)	Decempone from cuitanos
STATING UNDERLYING CAUSE LAST.	Tac - Account to Bacter
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Instrition Chronic
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY7
ALL ACCIONAL WAS INDEED VINCED 218 PLACE (None form to	YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19 4, 10 Feb 419 5(that I last saw the deceased
alive on 1997, and that death occurred a	28 Stastern Flate SIGNED &
	TERY OF CREMATORY COCATION (Oity, town, or country) State)

age alive or correct SIGNATUL BURIAL. MEMOVA! DATE REC'D BY LOCAL REGISTRAR 56 1,1956 300 300 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 0

MARY I VIN STATE BEEN STREET, OF THE ACTION OF THE STATE OF

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may be retained by the Makital or ottending physician.

TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and the physician on the property of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A1S (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF REAT	
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CERTIFICATE OF DEAT	ŀ

1979

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan		On Residence before admission)
b. CITY OR TOWN (If autside corporate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If at	utside carporate limits, write RI	JRAL and give nearest town)
X RURAL and give nearest town) Bethesda Rural	1 day	Lexingt	on Park	18X-2
d. NAME OF HOSPITAL (If not in hospital, give street add	ress)	d. STREET ADDRESS		e. IS RESIDENCE
5/ U. S. Naval Hosp:	ital	312 Chi	nlee Drive	ON A FARM? YES NO A
3. NAME OF First DECEASED (Type or print) DON Tohn	Middle Jefferey	MARTZ	4. DATE Mont	
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED [NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-22-56	9. AGE (In years lost birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIN during most of working life, even if retired)	None	TRY 11. BIRTHPLACE (Stote of Marylan	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John F. MARTZ		Treva	Z. ECKERT	
(Yes, no, or unknown) (If yes, give war or dates of service)	None	Cher George F Same as	. MARTZ ALC 'the	317
Canditions, if any, which gove rise to immediate codes (a), stoting the under-lying code last. Part II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition givi	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort 1 ar Port II af item 18.)	100 100
Haur a.m. While _	RY OCCURRED 20e. PU	ACE OF INJURY (Home, farm, lary, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the deceased alive on 24 Feb , 19 56 ACTUAL SIGNATURE AL. Saura	, and that death		M, from the causes a	0 0/ 5/
PHYSICIAN'S R. L. S. BAIRD LT	, MC, USNR U.	S. Naval Hos	patal, NNMC, I	Bethesda, Maryland
REMOVAL (Specify)	2c. NAME OF CEMETERY OF	CREMATORY ional Cemeter	22d. LOCATION (City, town, o	
23. FUNERAL DIRECTOR'S SIGNATURE Hines Funeral Home 2901 14th	ADDRESS	24a. REC'D	PREGISTRAR 24b. REGIS	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF REALIH-DALTIMORE, 10 MITARIO NO STADIFICATIVE 996T & 834

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1981 CERTIFICATE OF DEATH Page Dia

CERTIFICATE OF DEATH

RE,	18	01958
Reg.	Dist.	No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE TOAHO COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) TOWN BETHESOA (in this place) 3/2 MOS.	TOWN BOISE 50X
HOSPITAL OR O. CONTER	STREET (If rural give location)
INSTITUTION OR CLINICAL CENTER	ADDRESS 2001 COLLEGE BLVD
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) / RA HARWOOD M	ASTERS OF DEATH: 2 19 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED	3 16 1877 79 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
STATESMAN POLITICS	KANSAS U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JOSEPH T. MASTERS	ELLEN MITCHELL
15. WAR DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of service) NOT AVAILABLE	Nat.Institutes Health, Bethesda, Md
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	EENALS AND LUNE'S.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
3 11/21/56 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death (IF either, notify medical examiner)	tory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
	1, 1956, to FEB. 19, 1956, that I last saw the deceased
	ADDRESS DATE SIGNED
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DEMOVAL (CRECIEV)	ill Cemetery Boise Idaho

FEB S7 1956

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01959

1982 CERTIFICATE OF DEATH

Reg. Dist. No. 2/2

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland COUN	TYMontgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STA	AY CITY (If outside corporate limits, write RURAL a	
X TOWN Dickerson 4 years	TOWN Dickerson	X
IIOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location ADDRESS	7
3. NAME OF (First) (Middle) DECEASED: (Type or Print) OVERY WILLIAM	(Last) 4. DATE (Month) (Day OF DEATH: February 10	
PACE, WIDOWED DIVORCED	Dec 1879 9. AGE last birthday: If UNDER 1 Y 76 yrs. Months Dec	EAR IF UNDER 24 HRS. RAYS HOURS Min.
IOa. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer IOb. KIND OF BUSINESS INDUSTRY: Farm Tenant		CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William McBride	Laura V. Ifert	
/Wee = 1 /1 /76 37 1 1 / e	17. INFORMANT & ADDRESS: Mrs. Luvinia F. McBride, Dickerson	, Md.
18. MEDICAL CERTIFICA	ATION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Preum onia	, Bronchial, bilateral	Onset And Death
giving rise to the above cause stating the underlying cause last.	ronchial	20 years
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO)N	20. AUTOPSY ?
0		Yes No No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, str SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10 alive on 9 56, and that death occurred at (Degree or title) 23. BURNAL CREMATION, DATE THEREOF NAME OF CEME	2.45 AM, from the causes and on the date	stated above. ATE SIGNED -65 56 ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEGNATURE SEGNATURE SEGNATURE SEGNATURE	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick	ADDRESS



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13. FATHER'S

15. WAS DECEASE

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21A. ACCIDEN

OR CONTRIBU (IF EITHER, NOT 21D. TIME (Me OF INJURY

TO THE DE DISEASE C 19A. DATE OF

HOSPITAL INSTITUTI STREET A 3. NAME OF DECEASED (Type or P 5. SEX:

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	1960
1901 CERTIFICATE		223
DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
nonthonery MARYLAND	STATE Mary land, COUNTY Mon	1gomery
outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	
give nearest town (in this place)	TOWN Silver Spring	56
OR TWIK Jack	STREET (If rural give location)	7
ON OR Shington Sanitaring & No pri	Address 108 Devon C	ourt
(First) (Middle)	(Last) 4. DATE (Month) (D	(Year)
int) Alexander (none) Mc	Ver DEATH: &	2 1956
6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Natried 72		AYS Hours Min.
CCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	
uring most of working life. OR INDUSTRY: red): Accountent Gen. Accounting office	CALIFORNIA	21. S.A.
NAME:	14. MOTHER'S MAIDEN NAME:	
as, mc Over	Helen 2 med berg	
EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(If Yes, give war or dates of service) Amy 161-07-2732	vashington Sanitarium y Hospit	1 Records
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
1/1/2 : 0	it is Vent with Almanhouse	2/1/56
DUE TO	e de la constant de l	-/-
DENT CAUSE (S)	Estima -	2/1/56
R CONDITIONS, IF ANY, TO THE ABOVE CAUSE DERLYING CAUSE LAST. DUE TO	naing original	
(C)		
ATH BUT NOT RELATED TO THE OR CONDITION CAUSING DEATH.		
OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO
IT WAS UNDERLYING 21B. PLACE (Home, farm, fact ING CAUSE OF DEATH OF INJURY street, office bldg.,	tory 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
onth) (Day) (Year) (Hour) 21g INJURY OCCURRED While Not while at work	2 21F. HOW DID INJURY OCCUR?	SEXPERT OF
certify that I attended the deceased from 5/22	1955, to 1956, that I last	saw the deceased
2/.1936, and that death occurred at	11 3M, from the causes and on the date s	stated above.
F	ADDRESS DAT	E SIGNED

22. I hereby alive on M. D/C JO GREEFE 0210-011 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)
Burial 2/7/56 Arlington Nat'l. Cemetery

Arlington, Virginia

REGISTRAN'S BEST RAR BY LOCAL

ADDRESS 8434 x

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3. NAME OF

5. SEX:

Male

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(Type or Print)

even If retired):

HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1983 Reg. Dist. No. 215 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED North Carolina Montgomery MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) mo 25 da OR and give nearest town) TOWN Bethesda (Rural) Banner Elk TOWN STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS U.S. Naval Hospital Route # (Middle) DATE (Month) (First) (Last) MIKEAL DEATH: February 16 Paul Augustus 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED, (SpecifyMarried 3-29-02 OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: North Carolina 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Filmore Mikeal Sarah Rominger 17. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service WWI Official Navy Records 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 218. PLACE (Home, farm, factory, 21A. ACCIDENT WAS UNDERLYING 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED
While Not while 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY at work at work , 195 , to 16 Feb , 196 , that I last saw the deceased

22. I hereby certify that I attended the deceased from 21 Nov 1956., and that death occurred at 01:40AM, from the causes and on the date stated above. USN . U.S. Naval Hospitak, Bethesda, Maryland

NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or Cauto) ina BURIAL, CREMATION, DATE THEREOF 20 Feb. 1956 Private Cemetery Burial Banner Elk, North DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE HVES FUTER LCHOME, 2487 Wilson BIVO

Arlington, Virginia

(Day)

(Year)

Hours

INTERVAL BETWEEN

ONSET AND DEATH

COUNTRY?

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BUREAU V. S.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01964 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1985 CERTIFICATI	E OF DEATH Reg. Dist	No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE District of Columbia	D:
COUNTY Montgomery MARYLAND	STATE COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Debboards	CITY(If outside corporate limits, write RURAL a OR TOWN Washington	and give-nearest/town
Bethesda O days	STREET (If rural give location)	4-1X-5
INSTITUTION OR The Clinical Center STREET ADDRESS Nat'l Inst. of Health	ADDRESS 263 Kentucky Ave. S. E.	/
3. NAME OF (First) (Middle) DECEASED:	OF -	Day) (Year)
(Type or Print) Daisy Marie M	fontgomery DEATH: February	
RACE: WIDOWED, DIVORCED,	oer 8, 1891 9. AGE last birthday Months I	
Female Negro Married Uctob	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life. even if retired): Housewife OR INDUSTRY:	Maryland	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Albert Barton	Charlotte Watson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	The medical record, The Clinic	cal Center
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
MMEDIATE CAUSE (A) Pulmonary	Edema	_ 1
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) CAPCING MARKET PROPERTY OF THE PROPERTY OF	a breast metaskatic to lungs + liver	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH	N	
2 hone -		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory., etc. 21c. WHERE DID (City or town) (Coun	ty) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While M. at work at work	2 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 2	2,, 1956, to Feb. 10., 19.56 that I last	saw the deceased
alive on Feb 10, 1956 and that death occurred at signature	The Clinical Center 2	TE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	men A Sulland M	r county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS T
REGISTRAR 2/13/56 Beasie & Showed Am	Spangler Journ	542.8M

W. Spangtes 7 H. 524-8 H S. E.

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I. PLACE OF DEATH:			2. USUAL RESIDEN	CE (HOME) OF I	ECEASED:	
COUNTY Montgome	ry	MARYLAND	STATE Maryla	and county	Montgon	nery
CITY (If outside corporate OR and give nearest town TOWN Silver	1)	LENGTH OF STAY	CITY (If outside OR TOWN Silver		rite RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 150	7 Live Oak D	rive	STREET ADDRESS 1507	(If rura	l, give location Drive	n)
3. NAME OF (Fir DECEASED: (Type or Print)	st) (inah	Middle)	(Last) Morgan	4. DATE OF DEATH	Month) (I Feb.	1 (Year) 1 19 56
Female 6. COLOR C	WIDOWED, (Specify):	Married June	16, 1908	47 ,	rs. Months	
10a. USUAL OCCUPATION work done during most even if retired) HOUSE		CIND OF BUSINESS ON THE CONTROL OF BUSINESS OF BUSINES		e, Virginia		country S.A.
I3. FATHER'S NAME: John C. Hamle	tt		Louise V.	DEN NAME: Twelvetree	s	
15. WAS DECEASED EVER IN U. (Yes, no, or unk.) (If Yes, give no service)		SOCIAL SECURITY NO.:	Mr. Robert E	. Morgan, 1		e Oak Drive
I. DISEASES OR CONDITION Immediate cause Antecedent cause(s) Diseases or conditions, if giving rise to the above stating underlying cause	(a)		Jana Jenle			INTERVAL BETWEEN ONSET AND DEATH June des for the format of the format o
II. OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO CAUSING DEATH.	THE				
19a. DATE OF OPERATION	19b, MAJOR FINDI	NG OF OPERATION:				20. AUTOPSY? Yes \(\subseteq No \(\subseteq \)
21a. EXTERNAL CAUSE WA PRIMARY Or CONTRIBU CAUSE OF DEATH.	S TING D 21b. PLAC OF INJUI	E (Home, farm, factor street, office bldg., ef RY		m) (C	ounty)	(State)
21d. TIME (Month) (Day) (OF INJURY	Year) (Hour) 21e. I	NJURY OCCURRED hile at Not while ork at work		NJURY OCCUR?		
22. I hereby certify that find that death results IGNATURE	I took charge of ted from: Natura	al causes Z, Acc	ident [], Suicide [CHIEF DEPU' M. D. ASSIS'	, Homicide MEDICAL EXA TY MEDICAL EX TANT MEDICAL	□, Unde MINER AMINER	Ø, Inquiry Ø, an termined cause ☐ DATE SIGNED 9-/- J 6
23. BURIAL, CREMATION REMOVAL (Specify) :	DATE THEREOF 2/3/56		em. Cemetery	Prince	George C	ounty, Md.
DATE REC'D BY LOCAL	REGISTRAR'S SIGN	ATURE. Jollei	1 JOHNERAL DIE	umphues		Ga. Avenuess

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The dorrect age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

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Section 1		Service .				

substituted by Distant 23	J. CHOOL ROSES			BYAN	H 7-3
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	PLACE OF DEATH a. COUNTY MO	ntgomery		MARY	LAND	2. USUAL RESI	ence (whe		ed lived. If inst b. COU	YTY	Residence be		
		f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	utside corp	orate limits, wri	te RUR/	AL and give r	earest tow	n)
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00	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign o			12. CITIZEN	OF WHA	T COUNTRY
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3.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
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5.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN					Address			
,,,,	s, no or unknown)	(if yes, give wai or oaies or i		20-16-309	4 H.	LeRoy	Mul.	lini	x, Dam	250	us, N	Id.	
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (o), (b), and (c).]						IN	TERVAL B	ETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Ru	pture of	uter	rus (s	Spont	aneo	us)		O	LOZANI	hours
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Z O	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION	GIVEN	IN PART 1(o)	19. WAS	AUTOPSY
Y												PERF	DRMED?
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter nature o	f injury in P	ort I or Po	rt II of item 18.				
MEDICAL	20c, TIME OF INJUR Hour a. ft. p. m.		While	NJURY OCCURRED Not while	20e. PLAC focto	CE OF INJURY (Home, farm, e bldg., etc.	20f. (Cit	y or town)		(Count	r)	(State)
	21. I certify th	at I attended the	decease	ed from Augu	ist .	13, 19 5	5 to Fe	brua	ry 25	19,	Rof I last	saw the	deceased
	alive on Fet	O		56 , and that									
	-	7.		' ^					itreet, city or lo				ATE SIGNED
	ACTUAL SIGNATURE	4 4 16		مراح ا	M M	Dama:	scus,	Mar	yland			Feb	. 271
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220	BURIAL CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	TION (City, tov	n. or c	ounty)	(Sto	te)
	BUY (Specify)	Feb.28	195	-	maac				ascus,			Co.	
3.	FUNERAL DIRECTOR			ADDRESS			24a. REC'D				AR'S SIGNAT		220.0
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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STATE OF

Arlington, Virginia

215 CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. District of Columbia Montgomery COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) (in this place) and give nearest town) TOWN TOWN Washington. D.C. Bethesda Rural clearly HOSPITAL OR STREET (If rural give location) ADDRESS 3511 Nichols Avenue, S.E. INSTITUTION OR STREET ADDRESS U. S. Naval Hospital. NNMC 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Jack Lee ORR DEATH: February 10 (Type or Print) 19 56 6. COLOR OR 17. 5. SEX: SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE iast birthday IF UNDER I YEAR White WIDOWED, DIVORCED. Hours male (Specify): 2-8-56 Single 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE IOB. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT OR INDUSTRY: COUNTRY? None Bethesda, Maryland IS 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: John L. ORR Jennie E. MC CANN Father John L. ORR 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes no, or unk.) (If Yes, give war or dates None Same as above of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH MMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) Phys GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES TO NO especially 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED
While Not while 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY at work at work .8 22. I hereby certify that I attended the deceased from 8 Feb., 1956, to 10 Feb., 1956, that I last saw the deceased 20 ., 19.56, and that death occurred at 10:30AM, from the causes and on the date stated above. Mag many SIGNATURF DATE SIGNED IAF, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland G. A. MAGNANT 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

Arlington National Cemetery

R4. A. Pumphrey Funeral Home

7557 Wisconsin Avenue, Bethesda, Md.

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DATE REC'D BY LOCAL REGISTRAR 2 17 56

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BEGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT 1989 CERTIFICATE		•	()1969 st. No. 216
1. PLACE OF DEATH:		ICE (HOME) OF DECEAS	
	STATE Maryl		ince George
COUNTY MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Bethesda MARYLAND LENGTH OF STAY (in this place) (in this place) 10 days	CITY(If outside co	orporate limits, write RURAL	
HOSPITAL OR The Clinical Center STREET ADDRESS Nat'l Inst. of Health	STREET ADDRESS	(If rurai give location	on)
DECEASED: (Type or Print) Turner Ashby	(Last) Payne	4. DATE (Month) OF DEATH: Februa	(Day) (Year) ary 10, 1956
Male White (Specify): Married Nover	mber 4, 1883	72 yrs. Months	Days Hours Min.
work done during most of working life, work done during most of working life, remain retired): TOD actor Farmer 13. FATHER'S NAME:		tate or foreign country): 1; DEN NAME:	2. CITIZEN OF WHAT COUNTRY? U.S.A.
Elias Payne	Hattie K	idwell	
(Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY ND. 16. SOCIAL SECURITY ND.	17. INFORMANT & The medical	record, The Clin	nical Center
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 203 X IMMEDIATE CAUSE (A) MY CLOW DUE TO	a Kidney		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	le Myelon	n q	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR		unty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 3. alive on Feb 10, 19 56, and that death occurred at SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE Burial 2/13/56 Cheltenham	7:07 M, from the The Cinica D. Nat'l Inst.	causes and on the dat	e stated above.

FUNERAL DIRECTOR

Ritchie Bros.

ADDRESS

Upper Marlboro, Md.

53 10 A15 VS.

SECENAED

10 - 53

VS. A15

7eb-4-1936 D. Wester

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()197

1902 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY MARYLAND	STATE COUNTY	- 47x 3
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neares town) (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
17 TOWN TO Kema Park. 1/ 12 days.	TOWN DISTRICT of C	elumbia.
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
STREET ADDRESS ASTINGTON SOLLARIAM & HOSD		ace N.F.
DECEASED:	OF	Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday Ir under 1 y	4 193 6 EAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, (Specify):	5-71 8 yrs. Months D	ays Hours Mln.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	
work done during most of working life, even if retired):	N / S. C.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	N. J. U.
Elish H. Benjan	DeliThan Twin	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no of unk.) (If Yes, give war or dates of service)	Hospital Records	
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) / CEUTE 6	ougest, bardene tailing	Terminal
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B)	esclerosis	? 400
STATING UNDERLYING CAUSE LAST. DUE TO	_	-
(c) My per	leusion	1 3 420
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact		y) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	The state of the s
M. at work at work		
22. I hereby certify that I attended the deceased from 1/2:	3/, 1956, to 2/4/, 1956, that I last	saw the deceased
alive on 2/3/, 1956, and that death occurred at		
SIGNATURE PROPERTY Horse	Th. 1. 1. 1. 1. 211 2	E SIGNED
	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
PREMOVAL (SPECIFY) 2-7-56 FT have to	teem Minos Gran	too my
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR	190. SII 11. 11 12 7911.1	11 11 64 71 2.1

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LEB 6 1956

BUREAU V. S.

TO ATTENDING PHYSIC

CERTIFICATE OF DEATH 1990

1. PLACE OF DEATH			1 2. USUAL RESID	ENCE (HOME) OF DE	g. Dist. No	
COUNTY Montgome	2017				01/10/10	
CITY (II outside corporate limits.		LENGTH OF STAY		COUNTY rporete limits, write RURAL en	d give neerest town)
X TOWN Bethesda		(in this place)	TOWN Wa	shington, D.	C. 4	47x_3
HOSPITAL OR	rban Hospit	al	STREET ADDRESS 5924	- 31st. Plac	ATTENDED	
3. NAME OF (First))	(Middle)	(Lost)	4. DATE (Mont		(Yeer)
(Type or Print) ALB	IN	PE	TERSON	DEATH FE	b. 25,	19 50
5. SEX 6. COLOR OR	7. SINGLE, MARR WIDOWED, DI	SED, 8. DA	TE OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24
Male White	Widow	ed Oct	t. 5, 1868	87 yrs.	Months 20	Hours A
10e. USUAL OCCUPATION (Give kind done during most of working life, retiratet IVI achine	ol work 10b. Kill	ND OF BUSINESS R INDUSTRY Emp.	11. BIRTHPLACE (Stote or Its	oreign country)	12. CITIZE	N OF WHAT
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
A. N. Peterson				te Anderson		
15. WAS DECEASED EVER IN U. S. A		6. SOCIAL SECURITY NO	. 17. INFORMANT	& ADDRESS		
(Yes, no or unk.) (II Yes, give wer o	or detes of service)	19-12-8392	Chester	Peterson-Iter		
I DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEATH	18. MEDICAL	CERTIFICATION		INTE	RVAL BETWEE
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DISEASES OR CONDITIONS IF AND	Y, (B)SE DUE TO (C)	ronary	Broery 3	oc lerosc	S	
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CERTIFICATE OF DEATH

Reg. Dist. No. 214

		F5846
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MonT go in erg MARYLAND CITY III WARD OF STAY	STATE Was herglan COUNTY	C
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negrest town) (in this place)	CITY (If outside or porate limits, write RURAL and give	. ^ 0
TOWN Ruyal - Silver Spring 15 montes.	TOWN	47x -3
HOSPITAL OR INSTITUTION OR STREET ADDRESS CE day croft Sant Hosp.	STREET (If rural, give location) ADDRESS 2250 California St.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) May Hull	Pope DEATH Fel-	3 15%
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specifyly, Lower)	8. DATE OF BIRTH 9. AGE last birthday If under.	year If under 24 hr Days Hours Min
106 USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
Some during most of working life, even if retired) INDUSTRY DETERMAN OF COMMINISTRY	- 1 thenc servia	U.S. 4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME,	
augustus L. Hull.	Callie Cobb	L. D.C
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	10 01
no service) None	miss Callie Hull- 2230 C	2/11.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) USUNELLO-	Ineumonia	
Antecedent cause(s)	le l'	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	recey	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	terio Sclerosise Posselios	is
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	/ /	20. AUTOPSY?
		Yes 🗆 No 🗴
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Deti-	7, 1954, to Tel 3, 1956, that I last sa	w the deceased
alive on July 2, 195 G and that death occurred at	5	ted above.
SIGNATURE 1 Kistler M. Degree or title	odar Cropp San Hosla Silver	Shrisia Mid
23. BURIAL, CREMATION DATE REMOVAL STREET 2/4/56	RY OR CREMATORY LOCATION (City, town, or county) Santa Fe, New Mex	ico
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 2/3/56 Francis 40/60	1 2/-/:	•



BUREAU V. S.

16B 6 1956

DECENTED

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01973 1992 CERTIFICATE OF DEATH Reg. Dist. No. 215

1.	PLACE OF DEATH:			2. USUAL RESI	DENCE (HOME) OF DEC	CEASED:		
5	COUNTY Montgomery	MARYLAN	n	STATE Dist	rict of Conkumbi	Я		
	CITY (If outside corporate limits, write	RURAL LENGTH	OF STAY		e corporate limits, write RI		give neare	st town)
X	OR and give nearest town) TOWN Bethesda Rural	ll Da	s place) VS	TOWN Vas	nington		476	3
	HOSPITAL OR			STREET ADDRESS	(If rural give lo	eation)	1	-
51	STREET ADDRESS U.S. Naval	Hospital			ssachusetts Ave	., N.W		A
3.	NAME OF (First) DECEASED:	(Middle)		(Last)	4. DATE (Month)	(Day)		
	(Type or Print) Hilma	Marie		INEN	DEATH: Feb.			56
-		wed, divorced,		of BIRTH:	9. AGE last birthday Mon	ths Days	Hours	Mln.
	USUAL OCCUPATION (Give kind of)	108. KIND OF BUS	INESS		(State or foreign country)			WHAT
	and if actionally	OR INDUSTRY	:	Finland		US	JNTRY?	
13.	FATHER'S NAME:	HORSEWILE		14. MOTHER'S				-
	TImirm on an			Unknow				
15. V	Unknown Vas Deceased Ever in U.S. Armed Forces	7 16. SOCIAL SECUR	ITY No.	17. INFORMANT				
	s, no, or unk.) (If Yes, give war or dates of service)	8		Donahton Mi	iriam POUTINEN,	Samo a	s ahor	UT CO
	of service,	18. MEDICAL CE			titam rootinbre			
I	DISEASES OR CONDITIONS DIRECTL			1014			TERVAL B	
	4.20.1	h						
	IMMEDIATE CAUSE	(A) Theyo	caldu	n lufatett	m		10 cla	45
	ANTECEDENT CAUSE (S)	DUE TO	1-				o cla	
GI	SEASES OR CONDITIONS, IF ANY, VING RISE TO THE ABOVE CAUSE FATING UNDERLYING CAUSE LAST.	DUE TO	ll tens	in sufatety	ity	-	Under	com
		(C)						
II	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T							
	DISEASE OR CONDITION CAUSING	DEATH.						
19/	. DATE OF OPERATION: 198. MAJO	R FINDINGS OF C	PERATIO	V			ES T	NO T
OR	. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	218. PLACE (Home, OF INJURY street,	farm, factoffice bldg.,	etc. 21c. WHERE	DID (City or town)	(County)	(St	tate)
	. TIME (Month) (Day) (Year) (Hour) INJURY M.	While Not		21F. HOW DID	INJURY OCCUR?			
22	I hereby certify that I attended	the deceased from	n 5 Fe	1956, to 1	6 Feb. 1956 that	I last sa	w the de	eceased
	alive on 16 Feb., 1956, a				the causes and on the		ted abov	
H	A SCHLANG CDR MC 1	USN. U.S. Na	val Ho	spital. NNMC	Bethesda, Md.			
23.	REMOVAL (SPECIFY)							(State)
	urial 20 Feb.	1956 Chish	olm Cer	netery	Chisholm, Mi			1 11
	ATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE		1 24. FUNERAL	DIRECTOR 4812 Geo:	rola AA	DDRESS	a No

SECENTED SECENTED

BUREAU V. S.

1. PLACE OF DEATH:			2. USUAL RESIDEN	CE (HOME) OF DEC	EASED:	ra n	0
COUNTY Montgome	ry	MARYLAND	STATE D.C.	onsin Ave., N	·n. Apt.	51, D.	U.
CITY (If outside corporate OR and give nearest town TOWN Takoma	limits, write RURAL Park, Md.	LENGTH OF STAY (In this place) 7 days	OR	corporate limits write	RURAL and	give nearest	town)
HOSPITAL OR INSTITUTION OR Washi STREET ADDRESS	ngton Sanitari	um & Hospita	STREET ADDRESS 320	6 Wisconsin A	ive location) venue		V
3. NAME OF (Fir DECEASED: (Type or Print) Elsi	e Louis	e Pow	(Last)	OF	nth) (Day)	(Year) 1956	
5. SEX: 6. COLOR OF RACE: White	7. SINGLE, MARI WIDOWED, DI (Specify) MARI	vorced, 1-26		9. AGE last birthday: 55 yrs.	Months Day		Mln.
Work done during most Refer id restrated Emr	of work life, IND	D OF BUSINESS OUSTRY:	Virgin			CITIZEN OF COUNTRY? U.S.	WIIAT
13. FATHER'S NAME:			14. MOTHER'S MA				
John O. Lacke			Florence				
(Yes, no, or unk.) (If Yes, give service)	e war or dates of	AL SECURITY No.:	17. INFORMANT & .	ADDRESS:			
Antecedent cause(S) Diseases or conditions, if	cause DUE TO	placing pe	in in factiv	operation and lancele			
stating underlying cause	(c)	NG D+ susta	inad fraction	a who alamial			
stating underlying cause	(c)	NG Pt. suste	ined fracture	rt. clavicl	e & 2-18-56		
	NDITIONS CONTRIBUTI NOT RELATED TO THE N CAUSING DEATH				e & 2-18-56	20. AUTOI	
stating underlying cause II. OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION: 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WA PRIMARY Or CONTRIBU CAUSE OF DEATH. 21d. TIME (Month) (Day) (NOT RELATED TO THE CAUSING DEATH. 19b. MAJOR FINDING S 21b. PLACE (1 OF st INJURY & Year) (Hour) 21e. INJURY & Year)	OF OPERATION: Home, farm, factory reet, office bldg., etc. utl O accident at Not while	it North Be	vn) (Coun	ty)	20. AUTOR	
stating underlying cause II. OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WA PRIMARY or CONTRIBU CAUSE OF DEATH. 21d. TIME (Month) (Day) (OF OF INJURY 2-18-56 22. I hereby certify that	NDITIONS CONTRIBUTI NOT RELATED TO THE CAUSING DEATH. 19b. MAJOR FINDING 19b. MAJOR FINDING OF st INJURY & ST. INJURY	of operation: Home, farm, factory reet, office bldg, etc. auto accident at Not while at work to remains describated. Accident	North Be 21f. How DID 306 bed above, held as dent , Suicide CHIEL DEPU	occur? above Autopsy 7, Ins	pcction , , Undeterr	20. AUTOI Yes A (State) yland], and ise [].
stating underlying cause II. OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION: 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WA PRIMARY or CONTRIBU CAUSE OF DEATH. 21d. TIME (Month) (Day) (OF INJURY 2-18-56 22. I hereby certify that find that death resul SIGNATURE	NOT RELATED TO THE NOT RELATED TO THE NOT RELATED THE NOT RELATED TO THE NOT RELATED THE NOT RELATED TO THE NOT RELATED THE NOT RELA	Home, farm, factory reet, office bldg, etc. auto accident at Not while at work per remains described auses N. Accident a	it North Be 21f. How DID 366 bed above, held as dent , Suicide CHIE DEFU M. D. ASSIS	ovn) (County) Sech, NJURY OCCUR? Sech above Autopsy Z, Ins MEDICAL EXAMINATY MEDICAL EXAMINATY MEDICAL EXAMINATY MEDICAL EXAMINATION (City, Roanoke, V.	pection , undeterning AM., town, or cou	20. AUTOR Yes A (State) yland Inquiry [nined cau DATE SI 2 - 2 5	no], and ase [

VS. A15A - 5 - 53

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1915

1 CERTIFICAT	TE OF DEATH Reg. Dist. N	. 2/3
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	-1
COUNTY Montgomery MARYLAND	STATE Mayland COUNT	Y cheelinh
CITY (If outside corporate limits, write RUBAL and LENGTH OF STAY (in 1145 place) TOWN	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR	STREET (If rural, give jocation)	10-11-10
INSTITUTION OR Chestnut Lodge	ADDRESS 1203 N. Marlet S	× V
3. NAME OF DECEASED (Middle) (Middle) (Type or Print)	Rath Jelman	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		I year III under 24 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0317
John H. Kay	6 . 7	
15. WAS DECRASED EVER IN U.S. AFRIED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of sentinown	Mus Charles Ray, Fuderic	i, ms.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
111134	1	- 1/
Immediate cause (a)	ular accident	3/1- pres
giving rise to the above cause stating the underlying cause last	i custivaculus dessar	agran
(c) pyperlension		years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
None !		Yes I No I
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1956, to Feb 19, 1956, that I last s	saw the deceased
alive on 7cb /9 , 1956 and that death occurred at	ADDRESS Rochvill, MJ	tated above. DATE SIGNED
REMOVAL (Specify) 7 /6 C/-	ERY OR CREMATORY LOCATION (City, town, or coun	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Washington, D. C.	ADDRESS
REG. 2-19-56 Tangel & Grayley	The S. H. Hines 60 2901-14th.	st. N.W.
Just of n. E.P.	Washing to	n- 2-6.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. S.

OBVERVED 1956

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BECEINED

BUREAU V. S.

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correct

		E OF DEA		Reg. Dist.		
1. PLACE OF DEATH:			DENCE (HOME) OF			
	YLAND	STATE MOI		y Montg		
OR and give nearest town)	in this place) mo 4 days	OR	de corporate limits, wri Llver Spring	te RURAL an	d give near	est town
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospita	1.	STREET ADDRESS 20	(If rural g	ive location) Road	1	1
NAME OF (First) (Middle) DECEASED: (Type or Print) Chauncey William		(Last)	4. DATE (M	ebruary		ear) 56
SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify): Married	ED. 8. DATE	of BIRTH:	9. AGE last birthday		AR IF UNDE	R 24 HRs.
A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer 108. KIND OF OR INDU: U.S. Repre	BUSINESS STRY:		(State or foreign cou	C	ITIZEN OF OUNTRY?	F WHA
3. FATHER'S NAME:		14. MOTHER'S	MAIDEN NAME:			
William T. Reed		Margaret	Campbell			
Yes, no, or unk.) (If Yes, give war or dates of service) WW I	SECURITY NO.	Mrs. Ella	a ADDRESS: 200	9 Glen R ver Spri		
	L CERTIFICAT				INTERVAL I	BETWEEN
IMMEDIATE CAUSE (A) Me	tustate Ca	ranoma, la	eny a liver		2400	aro?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	rcinumu,	colon			3 400	us!
STATING UNDERLYING CAUSE LAST.						
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE	G					
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19a. MAJOR FINDINGS	OF OPERATION	4			20. AUT	OPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (F	Home, farm, factoret, office bldg.,	ory, 21c. WHERE	DID (City or town)	(County) (S	State)

22. I hereby certify that I attended the deceased from 11-5-, 19 55, to 2-9-, 19 20, that I last saw the deceased on 9 Feb 19 56, and that death occurred at 2:45P M, from the causes and on the date stated above.

ADDRESS DATE SIGNED 2-9-, 1956, that I last saw the deceased

U. S. Naval Mespital, NNMC, Bethesda, Maryland CAPT, MC, USN LOCATION (City, town, or county)

15 Feb 56 Glen Oak Cemetery REC'D BY LOCAL REGISTRAR PED

Lee's Funeral Home

Washington, D. C.

West Chicago, Illinois

(State)

BUREAU V. S.

BIBEVII A Z

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15 -- 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()1978
1994 CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY Montgomery MARYLAND	STATE Ohio COUNTY	
CITY (If outside corporate limits, write RURAL CITY of stay on and give nearest town) X TOWN Bethesda LENGTH OF STAY (in this place) LITY days		and give nearest town
MOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda, Maryland	STREET (If rural give location) ADDRESS 304 Broadway Street	
3. NAME OF (First) (Middle) DECEASED: William Conver Re	of DEATH: Feb. 28	Day) (Year) B, 19 56
Male White (Specify): Single Mar	ren 0, 1920 35 yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY: even if retired) Striker Engineer Miss. Valley Ba	ine. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
Daniel B. Reed	14. MOTHER'S MAIDEN NAME: Mary Lee	
(Yes, No or unk.) (If Yes, give war or dates of service) (287-12-5678	17. INFORMANT & ADDRESS: The Medical Record, The Clini	cal Center
18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEE
IMMEDIATE CAUSE (A) Myocardial	Infarction	1-241av
ANTECEDENT CAUSE (S) DUE TO Aortic and	Mitral Insufficiency	14 mos
DISEASES OR CONDITIONS, IF ANY. (B) Myocardial	Hypertrophy and dilitation	
STATING UNDERLYING CAUSE LAST. (C)	eart Disease	21 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary	Fdeme and Congestion	2 wks
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	, ,	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing Cause of Death (if either, notify medical examiner)	etory, 21c. WHERE DID (City or town) (Country, etc., etc.)	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. alive on Feb. 28,, 19.56, and that death occurred at SIGNATURE	5:15A M, from the causes and on the date	stated above. re signed
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or	r county) (State
Burial-Transit 2-29-56 Manchester DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTUR	ADDRESS
REGISTRARY -1-56 Besse M. Kromston	Robert A. Pumphrey Beth.	dua, M.



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VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ect		Reg. Dist.
2021	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No.
ne	I. PLACE OF DEATH:	
E.Y.	COUNTY MONTAGENERY MARYLAND STATE M& COUNTY Monty	
lly.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) OR and give nearest town	give nearest town)
a le	TOWN Selvery Sources of gran Town Selvery States	- 56
n car	HOSPITAL OR INSTITUTION OR 9917 Big Rock Rd STREET ADDRESS 9917 Big Rock	Rel:
of death clearly and legibly. The	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: (Type or Print) Thelma Bergitha Reid DEATH Feb. S	(Year) 195-4
infordeath	5. SEX 6. COLOR OR RACE: WIDOWED, DIVORCED Specify: 17 Amel 4-3-1918 9. AGE last birthday: IF UNDER 1 YI Months Da	ys Hours Min.
ery item of		CITIZEN OF WILAT COUNTRY?
y it	13. FATHER'S NAME:	
every le cau	Mirus Syvantsen Marie Mundse	a de la companya della companya della companya de la companya della companya dell
Supply evwrite the	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give visit or dates of service) 16. SOCIAL SECURITY NO.: IT. INFORMANT & ADDRESS: 210 N. G. Ruth Max Euceux (Distu) arbuy is	n Va
Sup	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
4 20	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
INK.	Immediate cause (a) Coronary valusion	Fort ilia
C E	DUE TO	- m beat
INS:	Antecedent cause(s) Diseases or conditions, if any, (b)	
AD cia	giving rise to the above cause DUE TO	
YSI	stating underlying cause last (c)	
H UNFADING	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
poi	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County)	Yes No No (State)
i.K	PRIMARY Or CONTRIBUTING OF Street, office bldg., etc.,	(2000)
E PLAINLY especially im	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while 21f. HOW DID INJURY OCCUR?	
LA	INJURY M. work at work	
	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [],	
SITE is e	find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter SIGNATURE CHIEF MEDICAL EXAMINER	DATE SIGNED
WRITE ge is es	SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	2-1-56
F 80	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or con	
ASI	Bring L (Specify): // 2/8/56 Parklawn Cemetery Montgomery County,	Maryland
PLEAS	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 8434 Ga	. ADDRESS
P	2-800 Strances toller Warner & Tumphrey Silver Spri	na Md

FEB 14 1826

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VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1996 CERTIFICATE OF DEATH

CERTIF	CATE	OF	DE	ATH

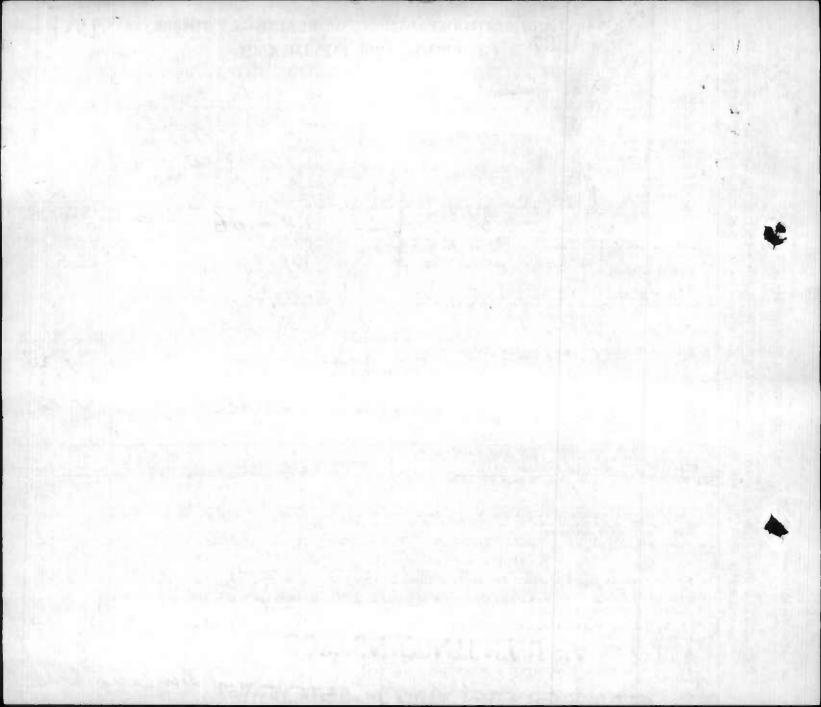
019896 Reg. Dist. No.

	o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE: b. COUNTY
	MONGYOUNY MARYLAND	Maryland hortgowery
	b. CITY OR TOWN (If outside corporate linits, write RURAL and give representation) 3 5 was	c. CITY OR TOWN (If Autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 200 Valley Regard	d. STREET ADDRESS 6200 Valley Road o. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) ANNA Middle ANNA MAE	RESSER 4. DATE Month Day Year OF DEATH 2 29 1956
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years of University of Univer
/	100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housework	STRY 11. BIRTHPLACE (Space of foreign country) Par 12. CHIZEN OF WHAT COUNTRY?
1	13. FATHER'S MANE . Evens . Evens	14. MOTHER'S MAIDEN NAME Winnich
	15. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (If yes, give wor or dates of service) Nov. 18.	NFORMANT Gates, doughter, 6200 Yalley Road
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (cf.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate costs (o), stoting the under-lying cause lost.	avary thrombass, and humbs
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 of work of work of work	ACE OF INJURY I Home, form, 20f. (City or town) (County) (Stote)
	21. I certify that I attended the deceased from Warry	1955, to Present, 19 , that I last saw the deceased
	alive on January 11, 1956, and that death	accurred at 9 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 4630 hours among the 29 1950
	PHYSICIAN'S ROBERT N. COALE	Betheeda, Maylard
	270. BURIAL, CREMATION, 275. DATE THEREOF CREMOVAL (Specify) 3-2-56 Cedar Hill	
	Robert A. Pumphrey ADDRESS Bethesda,	Md DATE 3-1-56 Besse M. Thompson

. HENDER The state of day Control of const El montanto Tours al anthronoutro BUREAU V. S. The second of the control of the second of t BEST & SAM T- 4 1211 National - N 16-277-31 BURGA A TABROTT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()1981 1997 CERTIFICATE OF DEATH Reg. Dist. No.

	E OF DEATH Reg. Dist.	No
montgomary montgaming to tentoup.	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY . CLENEY MARYLAND	STATE COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) CON CONTROL OF STAY (in this place)	OR TOWN PALTAGE TOWN	3 Value nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 16/4 Court Court	hard Sty
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Reuben ROSEM	OF 7 /	(Year) 19 5-6
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. Specify: 5 Male	OF BIRTH: 9. AGE last birthday 15 UNDER 1 Y	Ays Hours Min.
work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 112.	COUNTRY?
Harry Rosentein	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! . 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) 1942 - 45	Hospital Becords.	
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	etra Cerna	8 lus
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)	ter wellite	Net Kan
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?	
D //	l, 1956 to 4 Feb., 1956 that I last	
SIGNATURE B. O. D.		stated above. E SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY COCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24 FUNERAL DIRECTOR 2100 ET	ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No
					110.

2	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 216		
	PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:			
	COUNTY MANTGOMENU MARYLAND STATE Mandeux COUNTY MING	OMERY.		
0	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits write RURAL and OR TOWN TOWN CITY (If outside corporate limits write RURAL and OR TOWN TOWN	give nearest town)		
	HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBUY Dan Hospital STREET ADDRESS SUBUY Dan Hospital STREET ADDRESS	/		
	NAME OF (First) (Middle) (Last) (A. DATE (Month) (Day) DECEASED: (Type or Print) Telephone (Middle) Roylance DEATH 74 27	(Year) 19 56		
	S. SEX: 6. COLOR OR RACE: WIDOWED. DIVORCED. (Specify): Widers 2-2(-/887 49 yrs.	ys Hours Min.		
1		COUNTRY!		
	3. FATHER'S NAME: 34. MOTHER'S MAIDEN NAME: 2 moken	m		
200	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: 3507 47 (Yes, no, or unk.) (If Yes, give war or dates of Rome M.L. Roylan & (Don) Revended	hhor ma		
storains, picase mi	Inmediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	INTERVAL BETWEEN ONSET AND DEATH		
V. A. 112,	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
0	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No		
dini	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc., INJURY (County)	(State)		
lany	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work			
age is espec	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . SIGNATURE SIGNATURE OATE SIGNED DATE SIGNED OATE SIGNED DATE SIGNED DATE SIGNED OATE SIGNATURE DATE SIGNED OATE			
	372/56 Desrie M. thompson I Hasens sons Agailance	Maria Comment		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

SECENED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1999 CERTIFICATE OF DEATH CEPTIFICATE OF DEATH

San .	CERTIFICATI	E OF DEATH Reg. Dis	t. No.
gibly.	1. PLACE OF DEATH: Montgomery COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE District of Columbia STATE COUNTY	:D:
death clearly and legibly	CITY (if outside corporate limits, write RURAL or and give nearest town). Town Silver Spring mos.	CITY(If outside corporate limits, write RURAL OR TOWN	and give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 3460 39th St.,	
	DECEASED: (Type or Print) WILLIAM A SACHEN	N OF DEATH: Feb.	(Day) (Year) 23rd 19 56
of	male white (Specify): widowed Nov.	10 ? 96 ? yrs.	Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret. 13. FATHER'S NAME: 10A. USUAL OCCUPATION (Give kind of OR INDUSTRY: 8 10B. KIND OF BUSINESS OR INDUSTRY: 9 10B. KIND OF	11. BIRTHPLACE (State or foreign country): 12. Austria	CITIZEN OF WHAT
te the	Albert Sachen	unknown	
Physicians: please write the	(Yes, no, or unk.) (If Yes, give war or dates of service) (18. Social Security No.	Irma S. Valentine, Was	h. D. C.
	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4/0 × 1MMEDIATE CAUSE (A) DUE TO	ESTIVE HEART TAILURE AL INSUFFICIENCY	interval Between onset and Death 3 days
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ac INSUFFICIENCY	5 years
ortani	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
y imp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
correct age is especially important.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Court, etc. INJURY OCCUR?	nty) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
	SIGNATURE S. Snow	A'M, from the causes and on the date ADDRESS DA Silver Spring, Mil.	stated above. TE SIGNED 23 Feb., 1950
00	DELICATION CONTRACTOR	L Crematory Suitland Man	ryland

10 - 53A15 VS.

DATE REC'D BY LOCAL

The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2000	CERTIFICATE	OF	DEATH

Reg. Dist. No.216

2000 CERTIFICATI	E OF DEATH Reg. Dist. No & &
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE New York COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town) Y TOWN CITY (If outside corporate limits, write RURAL (in, this place) LENGTH OF STAY (in, this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Lake Luzerne
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland	STREET (If rurai give location) ADDRESS 7th Avenue
DECEASED.	Garoff 4. DATE (Month) (Day) (Year) OF DEATH: Feb. 13, 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	9. AGE iast birthday 17 UNDER 1 YEAR 15 UNDER 24 HRS. 15 UNDER 24 HRS. 15 UNDER 24 HRS. 16 UNDER 24 HRS. 17 UNDER 24 HRS. 18 UNDER 2
work done during most of working life. even if retired): Life Ins. Bus. Life Ins. Busine	
13. FATHER'S NAME: Jacob Saroff	14. MOTHER'S MAIDEN NAME: Sarah Majer
(Yes, No or unk.) (If Yes, give war or dates of service) (If Yes, give war or dates of service)	The Medical Record, The Clinical Center
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	generalized aslessed and
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N (bilopsy) 20. AUTOPSY? YEB NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan.	3 , 1956 , to Feb. 13, 19.56 that I last saw the deceased
	ADDRESS DATE SIGNED TO THE Clinical Center, NIH, Bethesda, Md.
Percent Section Sectin Section Section Section Section Section Section Section Section	bavid Cem. Rassau Cv. N. y.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR2 14/56 PRADO M ROLL FORM	24. FUNERAL ORECTOR 7557 WADDREES

VS. A15 -- 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

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VS. A15A

CERTIFICATE OF DEATH 1995 FOR MEDICAL EXAMINERS

01985 n. No. 223-

1. PLACE OF DEAT									
1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASED.							
M	ontgomery	MARYLAND	Marylan	d	NT Montgomery				
CITY (If outside c	orporate limits, write RUR			te limits, write RURAL and	i give nearest town)				
17 OR give nearest	akoma Park	(in this place)	OR TOWN Silver	Spring	5				
HOSPITAL OR	20222	1	STREET	(If rural, give location	1)				
INSTITUTION OF	Washington S	San. & Hospital	ADDRESS 10.304	Colesville Ros	ad				
STREET ADDRE	SS	*							
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)				
(Type or Print)	MARION	CECELIA	SCHRI DER	OF Feb.	15 19 56				
5. SEX	6. COLUR OR RACE	7. SINGLE, MARRIED.	1 8. DATE OF BIRTH	9. AGE jast birthday If un					
FEMALE	WHITE	WIDOWED, DIVORCED, (Specify) Married	Aug. 23, 1908	17 Mon	the Days Hours Min.				
	111111111111111111111111111111111111111	(Specify) Married		4/ ym. l	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
done during most of w	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?				
Housewife	vorking life, even if retired)	OWNT home	Washington, D.	C.	U.S.A.				
13. FATHER'S NAM	E		1 14. MOTHER'S MAIDEN						
George R	. Schweitzer		Mary Eliza	beth McKenna					
	VER IN U.S. ARMED FORCES	7 I 16. SOCIAL SECURITY NO.	1 17. INFORMANT AND AL						
(Yes, no, or unknown)	(If yes, give war or dates	of			/ O-1 17 - D				
no	service)		Mr. Wm. Thomas						
		18. MEDICAL CE	RTIFICATION	Silver Sp	ring Maryland				
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH		*	ONSET AND DEATH				
Q id a			, , ,		ONDER AND DEATE				
Immodiat	(8) (3)	eteromor jor and	+ 3rd dennes +	your work	-01 11-4				
Immediat	e cause (a)c.	eterens ier and		Will de la contraction de la c	- To m				
	it cause(s)	1 1- A.7 A 0	,	*					
	conditions, if any, (b)	tur 70/1 11 +	villy		100400000 vq 00 00 00 0000000000 00 00000000				
giving rise to	o the shove cause inderlying cause last	0							
acacing the o	(a)		(
II. OTHER SIGNIE	CANT COMPITIONS								
Conditions contribu	iting to the death but not				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
	se or condition causing deat								
		h. FINDINGS OF OPERATION			20. AUTOPSY?				
				MA PER MARIE					
19a. DATE OF OPE	RATION 196. MAJOR 1	FINDINGS OF OPERATION	(CITY OR T	OWN) (COUN	Yes No 🖸				
19a. DATE OF OPE	RATION 196. MAJOR 1	FINDINGS OF OPERATION CE (Hnme, farm, factory, street, office bodg., etc.)	(CITY OR T	1	Yes No (STATE)				
19s. DATE OF OPE 21. EXTERNAL CAPRIMARY FOR COCAUSE OF DEATH	RATION 196. MAJOR 1 USE WAS PLA ONTRIBUTING DF INJU	FINDINGS OF OPERATION CE (Hnme, farm, factory, street, office bodg., etc.) URY	Selva PA	thing blin	Yes No (STATE)				
19s. DATE OF OPE 21. EXTERNAL CAPRIMARY FOR COCAUSE OF DEATH	RATION 196. MAJOR 1	CE (Hnme, farm, factory, street, office bidg., etc.) JRY INJURY OCCURRED	HOW DID INJURY OF	turi / Mon	Yes No D				
19a. DATE OF OPE 21. EXTERNAL CA PRIMARY FOR CO CAUSE OF DEATH TIME (Month)	RATION 19b. MAJOR I USE WAS OF INJU (Day) (Year) (Hour)	FINDINGS OF OPERATION CE (Hnme, farm, factory, street, office bodg., etc.) URY	HOW DID INJURY OF	turi / Mon	Yes No D				
21. EXTERNAL CAPRIMARY ZORCO CAUSE OF DEATH TIME (Month) OF INJURY 2-/5	USE WAS OF INJUDICAL PLANTIBUTING OF INJUDICAL PLANTIBUTING (Hour)	CE (Hnme, Iarm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not while work at work	How DID INJURY OF	Jose by Ciquet	Yes \(\text{No } \text{D} \) (STATE) (STATE) (STATE)				
21. EXTERNAL CAPRIMARY ZORCO CAUSE OF DEATH TIME (Month) OF INJURY 2-/5	USE WAS OF INJUDICAL PLANTIBUTING OF INJUDICAL PLANTIBUTING (Hour)	CE (Hnme, Iarm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not while work at work	How DID INJURY OF	Jose by Ciquet	Yes \(\text{No } \text{D} \) (STATE) (STATE) (STATE)				
21. EXTERNAL CA PRIMARY FOR CO CAUSE OF DEATH TIME (Month) OF INJURY 2-/5. 22. I certify that I obtained by sai	USE WAS OF LANGE (Day) (Year) (Hour) Look charge of the remaid Autopsy, Inspection of	CE (Hnme, farm, factory, street, office logg., etc.) URY STORY OCCURRED While at Not while work at work the street work at work to refer the said dece	HOW DID INJURY OF CLERTY Autopsy I, Inspection & ased died on the dry states	Jose by Ciquet	Yes \(\text{No } \text{D} \) (STATE) (STATE) (STATE)				
21. EXTERNAL CAPRIMARY FOR COLUMN CAUSE OF DEATH TIME (Month) OF INJURY 2-/5. 22. I certify that I obtained by sai from: natural	USE WAS OF LANGE (Day) (Year) (Hour) Look charge of the remaid Autopsy, Inspection of	CE (Hnme, Iarm, Iactory, street, office bigs., etc.) INJURY OCCURRED While at Not while work at work in at work first ins described above, held an Ar Inquiry, find that said dece suicide , homicide ,	HOW DID INJURY OF CLEARLY Autopsy , Inspection of ased died on the day stated undetermined	Jose by Ciquet	Yes No D TY) (STATE) Ly Gas Listes and from the evidence my opinion resulted				
21. EXTERNAL CA PRIMARY FOR CO CAUSE OF DEATH TIME (Month) OF INJURY 2-/5. 22. I certify that I obtained by sai	USE WAS OF LANGE (Day) (Year) (Hour) Look charge of the remaid Autopsy, Inspection of	CE (Hnme, farm, factory, street, office logg., etc.) URY STORY OCCURRED While at Not while work at work the street work at work to refer the said dece	HOW DID INJURY OF CLERTY Autopsy I, Inspection & ased died on the dry states	Jose by Ciquet	Yes \(\text{No } \text{D} \) (STATE) (STATE) (STATE)				
21. EXTERNAL CAPRIMARY FOR COLUMN CAUSE OF DEATH TIME (Month) OF INJURY 2-/5. 22. I certify that I obtained by sai from: natural	USE WAS INTRIBUTING OF INJI (Day) (Year) (Hour) took charge of the remaind Autopsy, Inspection ocauses accident of	CE (Hnme, Iarm, Iactory, street, office being, etc.) URY INJURY OCCURRED While at Not while work at work at work at an Ar Inquiry, find that said dece suicide , homicide , (Degree or titie)	HOW DID INJURY OF CLEARLY Autopsy , Inspection of ased died on the day stated undetermined	Jose by Ciquet	Yes No D TY) (STATE) Ly Gas Listes and from the evidence my opinion resulted				
21. EXTERNAL CAPRIMARY FOR COCAUSE OF DEATH TIME (Month) OF INJURY 2 -/1. 22. I certify that I obtained by sai from: natural SIGNATURE	USE WAS INTRIBUTING OF INJI (Day) (Year) (Hour) took charge of the remaind Autopsy, Inspection of causes accident of the control of the cont	CE (Hnme, Iarm, Iactory, street, office bilgs, etc.) JRY Amble INJURY OCCURRED While at Not while work at work at work at an excribed above, held an Ar Inquiry, find that said dece suicide , homicide , (Degree or title)	How DID INJURY OF LISTHWAY Church Autopsy , Inspection & ased died on the day stated undetermined ADDRESS	Inquiry thereon a labove, and death in	Yes No D TY) (STATE) In (STA				
21. EXTERNAL CAPRIMARY FOR CO CAUSE OF DEATH TIME (Month) OF INJURY 2-/5. 22. I certify that I obtained by sai from: natural SIGNATURE	RATION 19b. MAJOR USE WAS INTRIBUTING OF INJI (Day) (Year) (Hour) Stook charge of the rema d Autopsy, Inspection o causes accident of	CE (Hnme, Iarm, Iactory, street, office logge, etc.) URY INJURY OCCURRED While at Not while work at work in a work i	How DID INJURY OF CLUMPT Autopsy , Inspection & cased died on the day stated undetermined ADDRESS Jaches CRY OR CREMATORY LORD CREMATO	Inquiry thereon a labove, and death in a	Yes No D TY) (STATE) (STATE) And from the evidence my opinion resulted DATE SIGNED (State)				
21. EXTERNAL CAPRIMARY FOR COCAUSE OF DEATH TIME (Month) OF INJURY 2-/1. 22. I certify that I obtained by said from: natural SIGNATURE 23. BURIAL, CREM BURIAL (Spec	USE WAS OF INTRIBUTING OF INJI (Day) (Year) (Hour) Society A m. took charge of the remaind Autopsy, Inspection of causes accident of the causes accident of the causes 217/56	CE (Hnme, Iarm, Iactory, street, office bilgs, etc.) JRY Land INJURY OCCURRED While at Not while work at work to at work to at work to refer in a described above, held an Arranguiry, find that said dece suicide of homicide for the control of t	How DID INJURY OF LATHER THE PROPERTY OF CREMATORY LEGENS OF THE PROPERTY LEGENS OF THE PRO	Inquiry thereon a labove, and death in a	Yes No D TY) (STATE) (STATE) (STATE) Manual Man				
21. EXTERNAL CAPRIMARY FOR CO CAUSE OF DEATH TIME (Month) OF INJURY 2-/5. 22. I certify that I obtained by sai from: natural SIGNATURE	USE WAS OF INTRIBUTING OF INJI (Day) (Year) (Hour) Society A m. took charge of the remaind Autopsy, Inspection of causes accident of the causes accident of the causes 217/56	CE (Hnme, Iarm, Iactory, street, office bilgs, etc.) JRY Land INJURY OCCURRED While at Not while work at work to at work to at work to refer in a described above, held an Arranguiry, find that said dece suicide of homicide for the control of t	How DID INJURY OF CLUMPT Autopsy , Inspection & cased died on the day stated undetermined ADDRESS Jaches CRY OR CREMATORY LORD CREMATO	Inquiry of thereon and above, and death in a	Yes No D TY) (STATE) Ry (STATE)				
21. EXTERNAL CAPRIMARY FOR COCAUSE OF DEATH TIME (Month) OF INJURY 2-/1. 22. I certify that I obtained by said from: natural SIGNATURE 23. BURIAL, CREM BURIAL (Spec	USE WAS OF INTRIBUTING OF INJI (Day) (Year) (Hour) Society A m. took charge of the remaind Autopsy, Inspection of causes accident of the causes accident of the causes 217/56	CE (Hnme, Iarm, Iactory, street, office bilgs, etc.) JRY Land INJURY OCCURRED While at Not while work at work to at work to at work to refer in a described above, held an Arranguiry, find that said dece suicide of homicide for the control of t	How DID INJURY OF CLUMPS Autopsy I, Inspection of ased died on the day stated undetermined ADDRESS RY OR CREMATORY L. Cemetery P. 124. FUNERAL DIRECTOR	Inquiry of thereon and above, and death in a	Yes No D TY) (STATE) (STATE) (STATE) Market Signed DATE SIGNED County) (State) OUNTY, Md.				

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2 .V UASAUS

MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18		
2901 CERTIFICA	ATE OF DEATH Reg. Dist. No. 19855		
PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASED:		
Montgomery	District of Columbia		
CITY (If outside corporate limits, write RURAL) LENGTH OF	STAY CITY(If outside corporate limits, write RURAL and give nearest town)		
X TOWN Bethesda Rural . 1 yr 9mo	Town Washington, D.C.		
HOSPITAL OR INSTITUTION OR STREET ADDRESSU. S. Naval Hospital	STREET (If rural give location) ADDRESS 2109 F Street, N.W.		
D. NAME OF (First) (Middle) DECEASED: (Type or Print) Domingo (n)	SEDUCO 4. DATE (Month) (Day) (Year) OF February 7 DEATH:		
S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. I	DATE OF BIRTH: 9. AGE last birthday 62 yrs. 9. AGE last birthday Months Days Hours Min.		
DA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MATINET 108. KIND OF BUSINE OR INDUSTRY: MATINET RETIRES	d Philippine Islands 12. CITIZEN OF WHAT		
13. FATHER'S NAME: Demien SEDUCO	14. MOTHER'S MAIDEN NAME: Cristoma SABERRIS		
s. Was Deceased Ever in U.S. Armed Forces: (Yes., po. or unk.) (If Yes, give war 11 dates of service) (Yes. Yes. 11 dates of service)	No. 17. INFORMANT & ADDRESS: Navy Records		
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE DELIVERY		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A)	arction, my ocardium due to IMM & DIATE		
ANTECEDENT CAUSE (S)	Covonary arterios elevor		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Funer - Therap. B		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tenture, Variation disease, Benign 1998		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	4. Postin/ Cerleller artery 5 to Right househours		
	RATION arteriology 20. AUTOPSY?		
	YES NO NO		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	e bldg., etc. INJURY OCCUR?		
TID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCU While Not whi at work at work	ile 📺		
22. I hereby certify that I attended the deceased from 19 Apr., 1954, to 7 Feb, 1956, that I last saw the deceased			
22. I hereby certify that I attended the deceased from 19 APT., 1924, to 1920, that I la alive on 7 Feb, 1956, and that death occurred at 5:15AM, from the causes and on the date SIGNATURE ADDRESS J. T. HORGAN LT. M., USN U. S. Nayal Hospital, NAME, Bethesda, Maryland			
23. BURIAL, CREMATION, DATE THEREOF NAME OF C	ospital, NNMC, Bethesda, Maryland Livetery Ok/onematory / Location (City, 1977), 97, 99713) Ob National Cemetery Arlangton National		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	7557 Wisconsin Avenue, Bethesda, Md		

SECENTED SEC

BUREAU V. S.

Manufacture statements

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1996 CERTIFICATE OF DEATH

Reg. Dist. No. 223

01987

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	SED:	
COUNTY Montgomery MARYLAND	STATE Md COUNTY M	entromery	
CITY (If outside corporate limits write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURA	L and give nearest town)	
OR and give nearest town) (in this place)	TOWN To Kana Pank	17	
HOSPITAL OR	STREET (If rural give location	on)	
INCTITUTION OF	ADDRESS	ony	
75 STREET ADDRESS Washing ton SanitaRium + Hosp		e	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month)	(Day) (Year)	
(Type or Print) Bertha Margaret Semn		2 1956	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,			
F Cauc (Specify): Margied Appil	23 - 1890 6.5 yrs. Months	Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 1		
work done during most of working life. OR INDUSTRY:	Marila d	COUNTRY	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	4.5.	
1/ /L	P / NAME.		
Hillon	Evelyn Henold		
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:		
of service)	Daughter -		
18. MEDICAL CERTIFICAT	TION /	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
260X Pulmas	and a dame	2 /1/2	
IMMEDIATE CAUSE (A) DUE TO	ry coerra		
ANTECEDENT CAUSE (S)	There + To ilens	2 mle	
DISEASES OR CONDITIONS, IF ANY. (B)	near your	2 10-100	
STATING UNDERLYING CAUSE LAST.	110 11.614 - 11.4	1	
(c) Unconsol	led Maddles Mellelles	2 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		0	
DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?	
		YES NO F	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory, 21c. WHERE DID (City or town) (Co	ounty) (State)	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(Other)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 21F, HOW DID INJURY OCCUR?		
OF INJURY While Not while			
	16 11 11 11 1		
22. I hereby certify that I attended the deceased from Chis.			
alive on 716 2 , 1956, and that death occurred at	7PM, from the causes and on the da	te stated above.	
GIGNATURE DATE SIGNE			
ames Redeman 14	1. D. 113 Carroll CFNW Wash. W		
	ERY OR CREMATORY LOGATION (City town	or county) (State)	
REMOVAL (SPECIFY) Jeb. 6, 1956 Cedy Hu	L Cerrelly (frince 1860.	Co. Tha.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
REGISTRARY / / / / / / / / / / / / / / / / / / /	1 / mell sellet and be	v phylas,	

BUREAU V. S.

FEB 6 1956

BECEINED

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causes of death clearly and legibly.

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Physicians:

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PLAINLY, WITH PLEASE TYPE OR 10 - 53 A15 VS.

1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND CITY (If usualize corporate limita, write RURAL) CITY (If usual	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	01988			
COUNTY MOTH 40 MINES AND COUNTY OF THE GRAPH COUNTY OF THE	1907 CERTIFICATI	E OF DEATH Reg. Dist	No. 223			
CITY (If outside corporate limits, write RURAL and gluydrearest tooks) OT OWN and give nearest tooks of the give nearest tooks) OT OWN and give nearest tooks of the give nearest tooks of the give nearest tooks) OT OWN and give nearest tooks of the give nearest too	40 1 .		D: /			
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OA USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR LOCAL THE PLACE (State or foreign country): 12. CITIZEN OF WHAT ONLY HOW done during most of working life even if retired): dresses of conditions of working life even if retired): dresses of conditions of the process of service) 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. MEDICAL CERTIFICATION 16. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 16. DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERSTRING CAUSE LATED TO THE ABOVE CAUSE OF CONTRIBUTING TO THE BEATH BUT NOT RELATED TO THE ABOVE CAUSE OF CONTRIBUTING TO THE BEATH BUT NOT RELATED TO THE ABOVE CAUSE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ABOVE CAUSE OF CONTRIBUTING TO THE BEATH BUT NOT RELATED TO THE ABOVE CAUSE OF CONTRIBUTING TO THE BEATH BUT NOT RELATED TO THE ABOVE CAUSE OF CONTRIBUTING TO THE BEATH BUT NOT RELATED TO THE ABOVE CAUSE OF CONTRIBUTING CAUSE LAST OF MAINTEN COURT OF THE ABOVE CAUSE OF CONTRIBUTING CAUSE CAUSE OF CONTRIBUTING CAUSE CAUSE OF CONTRIBUTION CAUSE CAUSE OF CAUSE OF CONTRIBUTION CAUSE CAUSE OF	OECEASED: (Type or Print) Cora Dell Sh	Packleff OF DEATH: Februar	4 15 19 5 6			
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13. FATHER'S NAME: 14. MOTHER'S MAIDE: 15. WAS DECARED EVER IN U.S. ARMED FORCEST (Yes, jo, or unk). [If Yes, give war or dates of service) 16. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS; 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. SET AND DEATH 10. SEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST 10. THE SIGNIFICANT CONDITIONS CONTRIBUTING 10. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19. DISEASES OR CONDITION CAUSING DEATH 10. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH CONDITIONS OF PROPERTIES AND CONTRIBUTING 10. ACCIDENT WAS UNDERLYING 17. ACCIDENT WAS UNDERLYING 18. MAJOR FINDINGS OF OPERATION AND COUNTRIBUTING OF INJURY street, office bidge, etc. 19. ALCIDENT WAS UNDERLYING (Hour) 21. ALCIDENT WAS UNDERLYING (Hour) 22. ALCIDENT WAS UNDERLYING (Hour) 23. BURIAL REMAINER) 24. FINDINGS OF CREMATORY 25. BURIAL CREMATION. 26. ADDRESS 19. AND OF CEMETERY OR CREMATORY 27. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	7/				
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21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? OF INJURY Street, office bldg., etc. INJURY OCCUR? OF INJURY Street, office bldg., etc. INJURY OCCUR? OF INJURY O	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	arterosclerosis	4410			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work 1978, to 15, 1956, that I last saw the deceased at work 1978, to 15, 1956, that I last saw the deceased alive on 1978, to 15, 1956, tha	198. MAJOR FINDINGS OF OPERATION	Duay Thrombosis				
22. I hereby certify that I attended the deceased from 1938, to 14.5, 1956, that I last saw the deceased alive on 1938, to 1938, that I last saw the deceased alive on 1938, that I last saw the deceased alive on 1938, that I last saw the deceased alive on 1938, that I last saw the deceased alive on 1938, that I last saw the deceased alive on 1938, that I last saw the deceased alive on 1938, that I last saw the deceased alive on 1938, that I last saw the deceased alive on 1938, that I last saw the deceased alive on 1938, that I last saw the deceased alive on 1938, th	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?					
alive on 15, 105, and that death occurred at	OF INTIRY While Not while	21F. HOW DID INJURY OCCUR?				
Burial CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION/City, town, or county) (State) Burial 2/20/56 DATE SIGNED 1. Select Purple 2-15-56 Mt. Hebron Cemetery Control County, Virginia DATE REC'D BY LOCAL (REGISTRAL'S) SIGNATURE 10 24. FUNERAL DIRECTOR ADDRESS	22. I hereby certify that I attended the deceased from lay 1938, to 14-15, 1956, that I last saw the deceased alive on 2/5, 1956, and that death occurred as 15 M, from the causes and on the date stated above.					
Burial 2/20/56 Mt. Hebron Cemetery Frederick County, Virginia Date Rec'd By Local Registrar's SIGNATURE 10 24. FUNERAL DIRECTOR ADDRESS	Jenneth Lamphein Dh in 934	Claword Dr. Lelun grue New	2-15-56			
	REMOVAL (SPECIFY) Mt Hohnon Comptery Frederick County Virginia					
Tex. 19-1986 X - William Cola Warmer & Secrepting 8434- Sallie	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Warner & Daniphry 843	4- Salve			

LEB 21 1056

BUREAU V. S.

#

2002 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH- COUNTY Man Jaomery Maryland Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	110111.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN (1 this place)	CITY (If outside (dorporate limits, write RURAL and give OR TOWN KOCK VILLE	ve nearest town)
HOSPITAL OR UNISTITUTION OR SUBURBAN HOSP.	STREET ADDRESS Route 1, Stony Cree	K Road'
3. NAME OF DECEASED (First) (Middle) S	heaves 4. DATE (Month) OF DEATH FEB	(Day) (Year) 15 1956
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY FERENZA RANK EXAMINET FOR DEPOSITIONS OF	11. BIRTHPLACE (State or foreign country)	COUNTRY!
13. FATHER'S NAME LEWIS SheARER	14. MOTHER'S MAIDEN NAME MARY JANES RAY	6
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) (Yes, no, or unknown) (If year, give war or dates of service) (Yes, no, or unknown)	MRS. RE Sheart Roy to	ville AMd
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
47 Immediate cause (a) Comomany	Manlians	10dog
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	nouid	10days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from the	5., 19, to 15.44, 1956., that I last s	saw the deceased
alive on 17 19 2, and that death occurred at Signature	ADDRESS ADDRESS and on the date st	dated above. DATE SIGNED
28. BURIAL OREMATION DATE REMOVAL (Specify) 2-18-56 Potomac Ch	nurch Cem Potomac Mary	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/16/56 Besser. M. Homokron	A. TREE OF THE GTOR	ADDRESS a. Maryland

BUREAU V. S.

FEB SO 1956

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF BEATH 9961 . 46 83-SOUTH AND THE STATE OF THE SAME OF THE SAM M

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VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	T OF HEALTH—BALTIMORE, 18	RYLAND STATE DEPARTMENT
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2004 CERTIFICATE OF DEATH

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	430	4				Reg. Dist. N	0. 21
1. PLACE OF DEATH o. COUNTY Montgome:	rv	MARYLAND	2. USUAL RESIDE o. STATE Mary	NCE (Where decease	b. COUNTY	on: Residence be	fare admission)
b. CITY OR TOWN (If our RURAL and give neares	tside carporate limits, wri	te c. LENGTH OF STAY IN 16	11	WN (If outside corpo	prate limits, write RL	JRAL ond give n	earest town)
X Laytonsvi	llle	Life	Laytor	nsville		X	
d. NAME OF HOSPITAL (OR INSTITUTION	If not in hospital, give str	reet address)	d. STREET ADI	DRESS		1	e. IS RESIDENCE ON A FARM?
A Rural Lay	tonsville		Mary	rland			YES NO
3. NAME OF DECEASED (Type or print)	First V1111am	Middle	mpson Lost	4. DATE OF DEATH	Feb.	h 22	19 56
	The second	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		IR IF UNDER 24 HRS.
	The state of the s	OWED DIVORCED	Feb. 19	1885	last birthday) 71 yrs.	Months Days	
10a. USUAL OCCUPATION (during most of working	Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or fareign c	ountry)		OF WHAT COUNTRY?
Laborer 13. FATHER'S NAME		Farm	Mary 14. MOTHER'S M			USA	
Joseph Sim	agon				impson		
15. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO. 17. 1	NFORMANT	d OOTH O.	Addr	ess	
(Yes. no. or unknown) (If ye	s, give wor or dates of service}	218-16-0470A	Wife		Leytons	wille.	Ma.
	[Enter only one couse p	er line for (a), (b), and (c).]					TERVAL BETWEEN
PART I. DEATH Y	WAS CAUSED BY:		1 - 7 -	. 4		Öi	SET AND DEATH
1001 IM	MEDIATE CAUSE (0)	avenous	acin	2 -0	um	ne,	
17.1	DUE TO O	ite una	elen	mune	d -		37
Conditions, if any,		Intry -	and			_	mente
gave rise to imme cottse (o), stating the			0000				
lying cause lost.	(c)						
PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEAS	E CONDITION GIVE	EN IN PART 1(a)	
САТИ							PERFORMED? YES NO 2
PART II. OTHER S	NDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of i	njury in Port I ar Por	t tt of item 18.)		
20c. TIME OF INJURY / Hour a. m. p. m.	w w	d. INJURY OCCURRED 20e. PL hile Not while work ot work	ACE OF INJURY (Ho clary, street, affice b	ome, farm, 20f. (City oldg., etc.)	y or town)	(Count	(State)
21. I certify that	attended the dec	eased from Dec. 2	0 . 1955	10 Feb.	22 1006	that I last	saw the deceased
alive an FC	271		/ '/			and the	saw the deceased
alive dil 2012		z, and man deam	accurred au	ADDRESS IS	n the causes a treet, city or town, s	nd on the d	ate stated above.
ACTUAL SIGNATURE	ik Sch	umocher	M.D. Da	other	stu	29. m	1. 2/23/5
PHYSICIAN'S Dr.	Jack Sch	numacker	Ga	ithersbu	rg. Md.	1//	///
220. BURIAL, CREMATION,		22c. NAME OF CEMETERY O			TION (City, town, o	e country)	(Canada
REMOVAL (Specify) Burial	Feb. 26.				tonsvil:		(State)
23. FUNERAL DIRECTOR'S SH		ADDRESS		4a. REC'D BY REGIST	7	TRAR'S SIGNAT	
Francis 7	4 Barba	Lautonovil	10	ATE 2-24-	51. Gerl	/	Ta. 0.
7,00.000	- Contract	20000	1	MICT TA	o place	more	o certen

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LEB S8 1920				as new la	
DA TO SA					

Bethesda, Md.



VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01993 CERTIFICATE OF DEATH Reg. Dist. No.......

₩ J U O		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	<u></u>
COUNTY Montgomeny MARYLAND	STATE Md COUNTY Monte	combly
OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and OR TOWN See Spring	d give nearest town)
HOSPITAL OR 19024 Old Bladenoburg STREET ADDRESS Road Lilver Shring M.	STREET (Vrural, give location) ADDRESS ADDRESS ADJ 4 Old Blacerous	Road
3. NAME OF (First) (Middle) DECEASED: (Type or Print) James A 5.	OMERS DEATH: Hely 29	(Year) 1956
	OF BIRTH: 9. AGE iast birthday: IF UNDER I	Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Suran-Page Country): 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Somers	14. MOTHER'S MAIDEN NAME:	4
	Informant & ADDRESS: 4024 Old Bla	denstry Ra
18. MEDICAL (CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	9. D	ONSET AND DEATH
Immediate cause (a) Impartaly	Meumoma	2 days
DUE TO	1010 10	
Antecedent cause(s)	2 Sept traitine	6 yes
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	Sterior lergors	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	24, 1949, to Freb 29, 1956, that I last :	saw the deceased
alive on 7.2.2, 1956, and that death occurred at SIGNATURE	2:15 P.m., from the causes and on the dat	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	The Drive Silver Shing of RY OR CREMATORY LOCATION/City, town, or	my 2-39-50 county) (State)
Trans & Burial: 2/29/56 Mt. Zion Cem		0/2
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR 8434	Ga. Andress

BECEINED

BUREAU V. S.

MARGIN RESERVED FOR BINDING

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I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:	
COUNTY Montgomery MARYLAND	District of Columbia		
CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)	
A bettiesua 51 days	Washington	-/1-3	
HOSPITAL OR THE Clinical Center STREET ADDRESS NATIONAL CONTRACTOR OF MARKET	ADDRESS		
Mat.1 Inst. of Health	5370 Auth Road, S.E.	<u>V</u>	
DECEASED:	OF	(Year)	
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE Male WIDOWED, DIVORCED.	Oper DEATH: February OF BIRTH: 9. AGE last birthday IF UNDER 1 Y TY 9. 1880 76 YES. Months D	EAR IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): [12.	CITIZEN OF WHAT	
even if retired): Farmer Farming	Maryland	U.S.A.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	VIII	
Thomas A. Soper	Florence Soper		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & AODRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	The medical record. The Clin	ical Center	
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
14/X Carrier	altone with a will	Tweeks +	
IMMEDIATE CAUSE (A) THE CAUSE	of corgue with describing	INCEPED T	
ANTECEDENT CAUSE (8)	motestare		
OISEASES OR CONDITIONS, IF ANY, (B)	11/10110110		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
OISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION			
1-23-56 Carenona of Torque with	Llimont note notorland	YES NO	
21A. ACCIOENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from .Dec .	A		
	M, from the causes and on the date s		
SIGNATURE Milliam Klasser M.D. M.	The Clinical Center 2-2	E SIGNED	
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE	RYNOT CLEMANDE PLOHEAUTHCity, town, or	county) (State)	
	ill Cemeling Sutland	na	
DATE REC'O BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 24-12 Decen W Storm Kappel	24. FUNERAL DIRECTOR Symons B	L20 DC	
The indicate in one or one	1941 7911		

BUREAU V. S.

DECENA ED

FEB 28 1956

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2008 CERTIFICATE OF DEATH RE, 18 01995 Reg. Dist. No. 226

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED District of Columbia	:
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY CITY(If outside corporate limits, write RURAL an	nd give nearest town
OR and give nearest town) (in this place) TOWN Bethesda 25 days	OR Washington	ia sive hearest town,
	STREET (If rural give location)	topin - V
INSTITUTION OR THE CLINICAL CENTER	ADDRESS .	P /
STREET ADDRESS Bethesda, Maryland	5201 "O" Street, S.	E. V
		ay) (Year)
(Type or Print) Beverly Diane Spro	ouse OF DEATH: Feb. 1	7. 19 56
	OF BIRTH: 9, AGE last birthday IF UNDER 1 YE	AR IF UNDER 24 HRS.
Female W. WIDOWED, DIVORCED. Oct.	4, 1946 9 yrs. Months Da	Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNITED OR INDUSTRY:	Washington, D. C.	S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Otis Randolph Sprouse	Lucille Allison	
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, mor unk.) (If Yes, give war or dates of service)	The Medical Record, The Clinical	al Center
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ary edema a eleinia	Memtes? me day
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2		YES X NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of contributing 21b. PLACE (Home, farm, factor of contributing 21b. PLACE (Home, farm, factor of contribution)	ory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan	23 , 1956 , to Feb 17, 19 56 hat I last	saw the deceased
alive on Feb. 17 , 19 56, and that death occurred at signature		eda, Md. 47/56
BURIAL (SPECIFY) 2-20-56 WASHINGTO	ON NATIONAL SUITLAND, MA	RYLAND
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAD -20-06 BLAZE M. Hombron	W.W. CHAMRES WAS	ANDRESS 4. D. C.

VS.

PLEASE TYPE

BUREAU V. S.

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Si

01996 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

THE REAL RESIDENCE	DATE AND	ATE OF	TARATERA E AL TOTAL
2009	CERTIFICAT	E OF	DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF	DECEASED:	
COUNTY Montgomery	MARYLAND	STATE New	Jersey COUNT	v	
CITY (If outside corporate limits, write RURAI	LI LENGTH OF STAY	CITY(If outside of	corporate limits, wri		give nearest town)
or and give nearest town) Rural	1 mo 24 day	oR TOWN Cran			11, 2
HOSPITAL OR	1 110 27 44)	CIPELL	(1f mumal mi	us losstlen)	1/X->
INSTITUTION OR	I L - 2 STEP AC	ADDRESS	(II rural gi		1
5/ STREET ADDRESS U. S. Naval Hosp	pital, NNMC,	ADDRESS 316	Casino Str	eet	V
	liddle)	(Last)	4. DATE (Mo		
DECEASED: Eva Coc	oper SI	CANLEY	OF DEATH: F	ebruary	12 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MAR	RRIED, 8. DATE	OF BIRTH:	. AGE last birthday	IF UNDER 1 YEAR	
Female White (Specify): Mar		28-83	72 yrs.	Months Days	
	ND OF BUSINESS INDUSTRY: SEWITE	Nebraska	State or foreign cou	ntry): 12. Cl	TIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:		
Orrin A. COOPER		Calita MER	RIFIELD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:		
(Yes No, or unk.) (If Yes, give war or dates of service)	Jnknoon	Husband RADM Same as abov	Emory D. S	TANLEY US	IN RET
18. M I DISEASES OR CONDITIONS DIRECTLY LEAD	MEDICAL CERTIFICAT	rion			NTERVAL BETWEEN
1514					
IMMEDIATE CAUSE (A)		neumonia			7 days
ANTECEDENT CAUSE (S)	το				
DISEASES OR CONDITIONS, IF ANY. (B)	Hepatic I	nsufficiency			5 weelts
STATING UNDERLYING CAUSE LAST.	Adenocarc	inoma of stom	ach with		10 months
(C) II OTHER SIGNIFICANT CONDITIONS CONTRI	netastase				NO MOHORIS
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH					
	INGS OF OPERATIO	N			20. AUTOPSY?
2					YES TO NO
OR CONTRIBUTING CAUSE OF DEATH OF INJU	Call Call Control	etc. INJURY OCCUF	(City or town)	(County)	(State)
OF INJURY Whi	INJURY OCCURRED le Not while work	21F. HOW DID II	NJURY OCCUR?		
G W RUSSEHL CAPT MC USN U. 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) 15 Feb 56	S. Naval Home Name of Cemet Arlington Na	12:40AM rom th ADDRESS Detal NNC ERY OR CREMATORY stional Cemete	Bethesda M	the date standaryland ty, town, or co	ated above. SIGNED ounty) (State) ginia
DATE REC'D BY LOCAL REGISTRAR'S SIG	ranelly.	R4. AUN Pulliph 7557 Wiscon	regraneral sin Avenue,	TIONE	address a, Maryland

348					
	Tarns vel				
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	eda reataux 1111	,	e de la companya de l	T En	
THE THE THE	A THE STATE OF THE PERSON AND A		r u		
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	ichron.		att. goernsii	Manusch 12	
				Lisicop .	
					the in-
UREAU V. S.					
LEB 12 1956 GEINEU		or gran. Ex		i leo Leo la	0.1
	Target Tyou's us				

Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2010 CERTIFICATE OF DEATH

eg. Dist. No. 2/6

		Q 910 CERTIFICATI	E OF DEATH Reg. 1	Dist. No. 2/ 6
1	item of information carefully of death clearly and legibly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECE	ASED:
88	rei	county Montgomery Maryland	STATE Maryland COUNTY MO	ntgomery
1310	ca le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RUR)	AL and give nearest town)
	sion	OR and give nearest town) (in this place)	OR TOWN	
	y a	HOSPITAL OR	STREET (If rural give located)	tion)
	rm	INSTITUTION OR	ADDRESS	(1011)
	nfo	1120 Greentree Road	7725 Greentree Road	
	f in	DECEASED:	(Last) 4. DATE (Month)	(Day) (Year)
	m of informa death clearly	(Type or Print) FANNIE L. STANT	ON DEATH: Feb.	11, 1956
	iten of d	PACE. WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNO	
	_	Female White Specifyingle Sept. 10	0. 1864 91 yrs. 5	Days Hours Min.
	every	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT
2	every	evep ractical Nurse	Pennsylvania	COUNTRY A
- 6	pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDIN		Jashua Stanton		Rodgers
	. 'E	18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	1toug C15
FOR	INK Se w	(Yes, no, or unk.) (If Yes, give war or dates No of service)	Mrs O. W. Phillips-Item# 2	
		No of service) None 18. MEDICAL CERTIFICAT		
80	NG ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
2	ADING s: plez	420./ M.		AND DEATH
RESERVED	FA	IMMEDIATE CAUSE (A)	dial digeneration	1 yr.
E	UNFA	ANTECEDENT CAUSE (S)	0	
		DISEASES OR CONDITIONS, IF ANY. (B)	my orchlerous	3 yr
Ä	ITH	STATING UNDERLYING CAUSE LAST. DUE TO		0
MARGIN		(c) liter	coschlerosis	5 00
MA		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
1	IL	DISEASE OR CONDITION CAUSING DEATH.		
	AINLY, Wimportant.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
	3	0		YES NO P
M	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (City or town)	County) (State)
Name of the	RI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 1F. HOW DID INJURY OCCUR?	
	× ~	OF INJURY M. While Not while at work		
	OR ge is	22. I hereby certify that I attended the deceased from	, 1940, to 2 efruar 195 6 that I	last saw the deceased
- 53	E S	alive on Jet // 1956, and that death occurred at	11:45 AM, from the causes and on the da	
- 10		my w Port Traker M	11-1-11 100	46. 25
	SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town	
115	EA	Burial-Transit 2-12-56 Brooklyn C	em. Susquehanna	Co. Pa

BUREAU V. S.

DECENTED SEE

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1908 CERTIFICATE OF DEATH RE, 18 01998 Reg. Dist. No. 223

rrect	1908 CERTIFICATE OF DEATH Re	g. Dist. No. 223
00	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECE	ASED:
The	COUNTY MARYLAND STATE MA.	COUNTY Moule
lly. The	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR TOWN)	URAL and give hearest town)
n carefy	HOSPITAL OR STREET ADDRESS (Hyryral give	logion
nation clearly	3. NAME OF (First) (Middle) Stearn OF DECEASED: (Type or Print) F1/0 T Stearn OF DEATH: 2	(DRy) (Year) 20 19.56
Supply every item of information carefully. The correction write the causes of death clearly and legibly.	Type or Print) 5. SEX: S. COLOR OR RACE: VIDOWED DIVORCED, (Specify): VIDOWED DIVORCED, (Sp	UNDER I YEAR IF UNDER 24 HRS. Onths Days Hours Min.
tem of	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country work downed during most of worklow offe.): 12. CITIZEN OF WHAT COUNTRY?
e causes	13. FATHER'S NAME: 14. NOTHER'S MAIDEN NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:	
ply eve	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service)	
Supply write	18. MEDICAL CERTIFICATION	Interval Between
INK. please	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Hadden Coronary Throm bosis Immediate cause (a) Coronary Throm bosis	Minutes
party.		
DIN	Diseases or conditions, if any, giving rise to the above cause	
UNFADING Physicians:	stating the underlying cause last. DUE TO (c) Hypertensive - Arterioscheric Heart.	Dis 15+ YES
	Conditions contributing to the death but not	
WITH ortant.	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 1-7-56 FRACTURE - hip primare GARZield Hospil	20. AUTOPSY ?
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) N. PLACE (Home, farm, factory, street, office bldg., etc.)	(STATE)
E PLAIN especially		
PI	22. I hereby certify that I attended the deceased from /- 4 1954 to 2 - 20, 1956 that	
RITE is e	alive on, 192.t., and that death occurred at (Address Address and on the signature. (Degree or title)	DATE SIGNED
PLEASE WRITE PLAINLY, age is especially imp	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OF CREMATORY LICCATION (Clay to	wn, or equaly) (State)
PLEA	PATE REC'D BY LOCAL RECIST AR'S SIGNATURE 24. FUNERAL DIRECTOR CO.	2901 1454 NW
		Wach DC.

VS. A15

Reported to and approved by
The montgomery Countey Medical
Examiner on 2/20/56

Francisco Medical

BUREAU V. S.

FEB 23 1956

BECEINED

ADDRESS

Bethesda, Md.

2-27-56

A. Pumphrev

Burial

Robert

23. FUNERAL DIRECTOR'S SIGNATURE

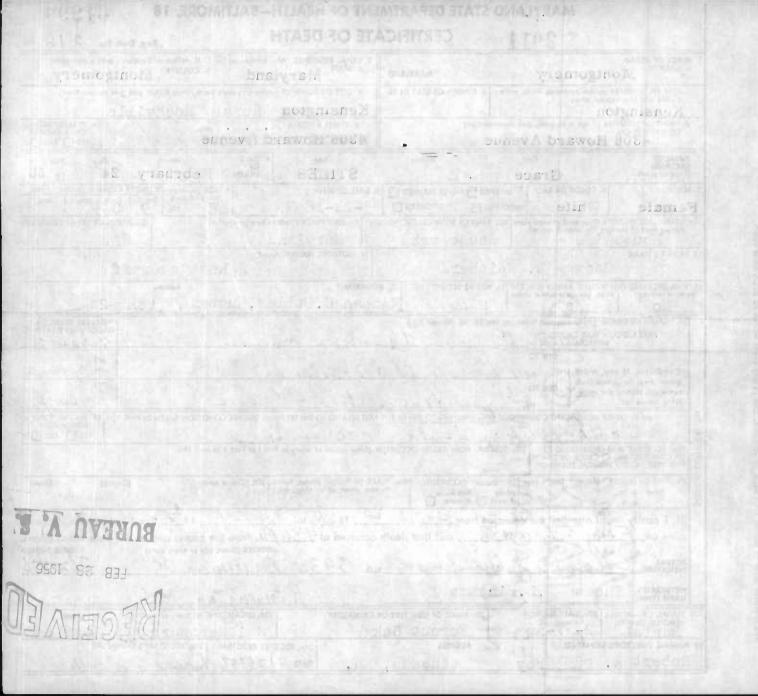
Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville X e. IS RESIDENCE ON A FARM? YES NO Month Year Day February 56 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? USA Johnetta Graff Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO 1 (County) (State) 1956, that I last saw the deceased and that death accurred at 4.50 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Forest Oak Gaithersburg Marvland

24a, REC'D BY REGISTRAR

24L REGISTRAR'S SIGNATURE

domeson

VS A1S (4) 15M 9/SS



Supply every item of information carefully. The

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2()()()

1909 CERTIFICATE OF DEATH

Reg. Dist. No. 223...

		* * * * * * * * * * * * * * * * * * * *
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	SED:
COUNTY MONT GOMERY MARYLAND	STATE Ilinois COUNTY	
CITY (If outside copporate limits, write RURAL) LENGTH OF STAY	Y CITY(If outside corporate limits, write RURA	L and give nearest town
OR and give nearest town) (in this place)	OR TOWN Sheet le	5119
7 TOWN Takoma Park 1.21.56 -2-5-5	2 /104 / ORN	3/X-3
HOSPITAL OR INSTITUTION OR	STREET (If rural give location ADDRESS	on)
15 STREET ADDRESS Washington Sanitarium		/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED:	OF	
	E OF BIRTH: 9. AGE last birthday I PUNCE	5 1956
BACE. WIROWED DIVORCED		Days Hours Min.
male white (Specify): mayriel 3-	23-80 75 yrs.	
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 1	2. CITIZEN OF WHAT
work done during root of working life, even if retired):	Chline man.	COUNTRY
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	and
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James Summerton	Elizabeth Clark	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Received from patient's	about
/4.6		
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	.TION	INTERVAL BETWEEN
	A 1	ONSE! AND DEATH
IMMEDIATE CAUSE (A) OSTON	ary Celusion	Terminal
DUE TO	rase Heart Duranie	
ANTECEDENT CAUSE (S)	and fort Discoil	None
CHILDREN DIGE TO THE ADDRESS CALLED	rase, steels sections	Tears
STATING UNDERLYING CAUSE LAST.		6
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fabre contributing CAUSE OF DEATH OF INJURY street, office bldg.) (IF EITHER, NOTIFY MEDICAL EXAMINER)		ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work at work		
	D 105/2 21 5 105/2 111	
22. I hereby certify that I attended the deceased from	, 1956, to 7 5 , 1956, that I l	
alive on, 1956 , and that death occurred a	this PM, from the causes and on the da	te stated above.
SIGNATURE/		DATE SIGNED
Toper astare	M.D. Jakona Park, Hld.	2/5/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town,	or county) (State)
Thereal Sun 7.1956 Order	emitery arx	Suscouser
		ADDRESS
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS AL

BUREAU V. S.

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BECEINED

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VS. A15A - 5 - 53

	COUNTY M M TOLON MARYLAND	STATE Mel COUNTY Monly	
legibl	CITY (If outside corporate limits, write RURAL OR and give mearest (town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Selvan Spang	give nearest town)
y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hop	STREET ADDRESS 9/5 Gift rival, give location)	/
clearl	3. NAME OF (First) (Middle) (DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day OF DEATH 2 - 23	ا ن د
death	PACE: A WIDOWED DIVOPCED	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y - 16- 1866 20 yrs. Months De	EAR IF UNDER 24 HRS Ays Hours Min.
of o	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): White work life, even if retired work l	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILA' COUNTRY?
causes	18. FATHER'S NAME: Thomas	14. MOTHER'S MAIDEN NAME: Adual B. Tindall	_
te the	I5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
ease wri	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
בַּב	Immediate cause (a) DUE TO	entre	2 hrs
Physicians:	Antecedent cause(s) Diseases or conditions, if any, (b) This thus me giving rise to the above cause DUE TO	Losi Rt. Common Slive	10 days
hysic	stating underlying cause last (c) Trastine ly	W Jenin	21 days
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	U	
important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
_	PRIMARY Or CONTRIBUTING OF Street, frice bldg., etc.	" Selver son monty	(State)
especially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while in work to at work to the total work to th	Fell extherne	
espe	22. I hereby certify that I took charge of the remains describtion find that death resulted from: Natural causes [], Accident		
WKITE ge is es	SIGNATURE Jan & Bronchard	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED 2-23-56
A SE	Renew Specify): Feb 23, 1956 Cedar Will	Canaling Working Ton K	P.C.
FLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 24-56 Desei M. Horupad	Warner E. Prenglery &	Lux ADDRESS
		7	\sim

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2. USUAL RESIDENCE (HOME) OF DECEASED:

LEGETAED BEE

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2014

CERTIFICATE OF DEATH

Reg. Dist. No. 215

WILL CERTIFICATI	E OF DEATH Reg. Dist. No. 22
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE District oc Columbia
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda Rural LENGTH OF STAY (in this place) 2 mo 6 days	
HOSPITAL OR 5 INSTITUTION OR 5 STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 4900 11th Street, N.E.
DEGELOED	(Last) 4. DATE (Month) (Day) (Year) THOMPSON OF February 5 1956
6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Married 12-7	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Clerk Drug Chain	Pennyslvania 12. CITIZEN OF WHAT
William B. Thompson	Martha (UNKNOWN)
(Yegg. or unk.) (If Yes, give War Ir dates 579 16 8101	Wire Mrs. And R. THOMPSON Same as above
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
153X	it as to 4 st.
IMMEDIATE CAUSE (A) DUE TO	The Tork
ANTECEDENT CAUSE (S)	1
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	for carsinoma of colon 4 who
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
191. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	in flapre of colon 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21S. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F, HOW DID INJURY OCCUR?
	Dec, 19 55 to 5 Feb , 19 56 that I last saw the deceased
SIGNATURE IN 1./ Serbici	9:15M, from the causes and on the date stated above. ADDRESS DATE SIGNED
M. L. GERHER CAPT, MC, USN U. S. Naval Hosp	ERY OR CREMATORY LOCATION (City, town, or county) (State)
BUTIAL (SPECIFY) 7 Feb 56 St Elizabe	th Memorial Park Cemetery Goshen, N.J.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Chambers Pinteral Home Address 517 11th St S.E. Washington, D.C.

VS. A15-10-53

Supply every item of information-carefully. The

MARGIN RESERVED FOR BINDING

UNFADING INK.

OR WRITE PLAINLY, WITH

PLEASE TYPE

BUREAU V. S. 9501 6 834 to be the best of the second o

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02004

2015 CERTIFICATE	E OF DEATH Reg. Dist.	No. 2 / 6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	0 0
COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Bethesda 13 days	STATE Maryland COUNTY Mont	comery nd give nearest town)
HOSPITAL OR INSTITUTION OR The Clinical Center STREET ADDRESS Bethesda, Maryland	STREET (If rural give location) ADDRESS 2 Midhurst Road	1
3. NAME OF (First) (Middle) ((Last) 4. DATE (Month) (D	ay) (Year)
(Type or Print) Lelia Dorothy Thom		19 56
Female RACE: WIDOWED, DIVORCED, (Specify): Married Aug.	30, 1903 9. AGE last birthday Months Day yrs. 15 UNDER 1 YE Months Day	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWITE OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C	TIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
C. A. Doggette	Maude McCord	
(Yes, no, or unk.) (If Yes, give war or dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. NONE	The Medical Record, The Clinic	cal Center
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)	yntrogte bedance	ONSET AND DEATH
STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (Clty or town) (County etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	1:40P M, from the causes and on the date s ADDRESS DATI D. The Clinical Center, NIH, Bether RY-OR CREMATORY LOCATION (City, town, or	tated above. E SIGNED 2-10-2 Bda, Md. county) (State)
BUT181 (SPECIFY) 2/13/56 Parklawn Cem DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2 / /3 52 Sessie M. Homkson		OPPORESS.

the second

BUREAU V. S.

FEB 15 1956

DECENTED

MARGIN RESERVED FOR BINDING

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02005

2016

CERTIFICATE OF DEATH

Dist No 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Management	Land of Sale of
City or town	State County County
How long in above place of death?	City or town
Hospital, Institution, or street address where	Street No. 7414 - Oak Cane
7414- Oak Lake, (Home.)	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
May Gouise Tho	mbson.
4. Sex 5. Color or pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale white widowed	20. DATE OF DEATH February 23, 1956 21 5:32 p. M
S.(b) Name of husband as miles.	D1. I CERTIFY that death occurred on the date dove stated; that Lattended deceased from
deceased years 6.67 II alive, give age years	and that I last saw h 22 alive on
7. Birth date of deceased (mo., day, yr.) March 8. 1881.	
8. AGE: Years / Months Days If less than one day	Immediate cause of death
74 11 15hrsmin.	
1171-its lake Ma	. Carolina Octiving land 1+ vx
9. Birlhplace	Oue 10
10. Usual occupation. Housewife.	Due to Generalis anterioclaria 5+ yr
11. Industry or business	
12. Name Willeam Con Va.	Other conditions.
3. Birthplace Touson Son Va.	Heart Duran
14. Maiden name Mary Harding	(Include pregnancy within 3 months of death)
14. Malden name. Mary Harding 15. Birthplace Coulon Con	Major fiedings of operations. Date of op.
16. Informant Mys. Russell Taylor (Langle)	Autopsy results (May done)
Address 74/4- Bak Lane.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 - 3 - 3 la - 5 la	22, VIOLENCE: It death was due to external causes, fill in the tollowing;
t7. (Burisl, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Union	Where did Injury occur?
Tourser Va.	Injured at home, tarm, Industry, public place (where?)
Location	Maans of Injury Injured at work?
18. Funeral director.	manu vi mani
Address / 7/2 & (Ca Vane)). W.	An and of making
2 21 7 8 6 10 6	23. SIGNATURE
(Date rec'd by registrar)	Address 915-19=51 KW DEDate Vened 2-23-56



FEB 28 1956

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2017 CERTIFICATE OF DEATH

02006

Item 14, FilmG193 3-5-56	et		R	eg. Dist. No	». — / /
1. PLACE OF DEATH	2. USUAL RESIDE	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Montgomery	MARYLAND	STATE Mary]	and county	Montgor	nerv
COUNTY Montgomery CITY (If outside corporete limits, write RUKAL OR end give neerest town)	(in this place)	CITY (If outside cor	porate limits, write RURAL e	and give neerest to	wn)
X TOWN Olney	2 days		aithersbur	g X	Rural
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rure) giv	ve location)	
CAS CIDEEL ADDRESS	County General	Rt.	#2		
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mo	nth) (De)	(Yeer)
(Type or Print) Sarah	Emma	Thompson	DEATH	9 9	23 19 56
5. SEX 6. COLOR OR 7. SING	SLE, MARRIED, 8. DATE	OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEA	
RACE WIDE	owed, divorced, cify) Married 12/	25/77	78 yrs.	Months Dey	s Hours Min.
I IUE, USUAL OCCUPATION (GIVE kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or for			IZEN OF WHAT
done during most of working life, even if	OR INDUSTRY			CC	OUNTRY?
Housewife 13. FATHER'S NAME		Maryland 1 14. MÖTHER'S MAIDEN	J NAME	l US	A
Alonzo Giles 15. WAS DECEASED EVER IN U. S. ARMED FORCES	5? 16. SOCIAL SECURITY NO.	Jarah La	st name unkn	own	
(Yes no, or unk.) (If Yes, give war or detes of servi	lee)				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					NTERVAL BETWEEN
251 XIMMEDIATE CAUSE (A)	Consenting	hemy triles	4		3 As
211 20					- Contract
DISEASES OR CONDITIONS, IF ANY. (B) Las pertuses				.8	Tyes,
STATING INNEDIVING CAUSE LAST DUE TO					0
(C)	Adumn	of they wor	-of	/	0 42
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			2011 2 S. S. C.		
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION				
IVE. DATE OF OPERATION IVE. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 2 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY Street, office bldg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER] 21c. WHERE DID INJURY OCCUR? (City or town) (Stele)					
21d. TIME OF INJURY (Month) (Dey) (Yeer) (He	our) 2 le. INJURY OCCURRED While Not while M. et work et work	21f. HOW DID INJURY OCC	:UR?		
22. I hereby certify that I attended in	the deceased from 2/2/	1954 to 2	1.23 1950	, that I last	saw the decease
22. I hereby certify that I attended the deceased from 2/2/, 1934, to 2/23, 19.24, that I last saw the decease alive on 2/24, 19.24, and that death occurred at 7/05 A.M., from the causes and on the date stated above.					
SIGNATURE ADDRESS (Street, city, town, stete) DATE SIGNET					
-And Bringant	Jaudy Spr	in, MI,		2/13/0	
23. BURIAL, CREMATION DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, tow	rn, or county)	(Sfete)
Burial 2/27/5	6 Emory Gro	ve Cemetery	Emory Gr	ove. Mo	7.
24. REC'D BY REGISTRAR REGISTRAR'S S		7			~ =
24. REC D BT REGISTRAK REGISTRAK S S	SIGNATURE	25. FUNERAL DIRECTOR	S SIGNATURE	/ ADDR	

AND STATE DEPARTMENT OF THE ALT WORKS OF ALL AND SHE AS

CERTIFICATE OF DEATH

NAME AND DESCRIPTIONS

BUREAU V.

FEB 1956

Empry Shove Cameters Labour Spore, La.

1			
CIOR: A this certificate has been signed by the attending physician and the pletely filled in by the tuneral director,	2 should be filed with	ar ta burial, crematian, or remayal, and in any event within 72 hours after death.	
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tely filled	Popes	f	1
o ple	Popers.	death.	_
שם ש	repor	Her o	1
physicial	emove co	hours of)
affending	please r	within 72	
the	Then	vent	
signed by	permit.	d in any e	
s peen	il-transi	val, an	
e ha	burio	remo	
Fical	the	0	
this certi	or use as	crematian	
TOR:	detache	ta burial,	
U	0	7	

		201	8	CER	TIFICA	TE OF DEATH	4		Reg. Dist	No.	215
1.	PLACE OF DEATH	ntgomery		· MA	RYLAND	2. USUAL RESIDENCE (WI	land	d lived. If institution b. COUNTY	oni Residence	e before a	dmission)
	b. CITY OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF ST.	AY IN 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond gi	ve nearest	town)
X		chesda Rura		1 mo 13	days	Laur	el			16	- 26
5	d. NAME OF HOSPITA OR INSTITUTION	S. Naval F	ive street	tal		d. STREET ADDRESS RR #	2 Box	85-A			RESIDENCE ON A FAMA?
	NAME OF DECEASED (Type or print) W1	Fir		Mid Harry	dle	THOMPS ON	4. DATE OF DEATH	Mon Febr	uary	Day 24	Year 19 56
5.	SEX	6. COLOR OR RACE				B. DATE OF BIRTH		9. AGE (In years last hirthday)			JNDER 24 HRS.
	Male	White	WIDOW		CED 🗌	4-1-15		40 yrs.			
100	during most of worki	N (Give kind of work on ing life, even if retired	done 10b.	KIND OF BUSINESS	S OR INDUS	Indiana	or foreign c	ountry)	US US	ZEN OF W	HAT COUNTR
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				F115
	Vernon THO	OMPSON				Bessie AI	FORD				
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	social security inknown	NO. 17. 11	Wife Mrs. Ce Same as abov		THOMPSON OF	ress		
CERTIFICATION	20a. ACCIDENT WAS	mediote DUE TO (CER SIGNIFICANT CON	DITIONS			NOT RELATED TO THE TERM			UN IN PART	P	VAS AUTODSY ERFORMED? S NO
MEDICAL CER	(IF EITHER, NOTIFY / 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yee	While	NJURY OCCURRED Not while k of work		ACE OF INJURY (Home, form story, street, office bldg., etc		or town)	(Co	ounty)	(Stote)
	alive on 24 F	Pry Suc	12_	56, ond th	ot deoth	occurred at 7:45 M.D. Naval Hosp	PM, from	n the couses of treet, city or town,	ond on the	e dote :	DATE SIGNI
220	P- BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF C	EMETERY O	R CREMATORY	22d. LOCA	TION (City, town, our land	or county)		(Stote)
23. G	Burial round encols aschs 4732		Blvd	ADDRESS		24a. REC	D BY REGIST		STRAR'S SIGN	•	neli

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.	And the tight and	
2014 P. C. L. S.		
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VS. A15.

The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()20()8 2019 CERTIFICATE OF DEATH Reg. Dist. No. 4/

2019 CERTIFICATE	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
X TOWN Bethesda 32 days	TOWN Margate
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda, Maryland	ADDRESS 6 North Rumson Avenue
3. NAME OF (First) (Middle) DECEASED: Months Vincinia Tech	(Last) 4. DATE (Month) OF DEATH: Feb. 6, 19 56
	OF BIRTH: 9, AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
PACE. WIDOWED DIVORCED	21, 1903 52 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	Pennsylvania. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Rickert	Bessie Ervin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	The Medical Record, The Clinical Center
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	TUMOR IN BRAIN, SECONDARY CINUMA OF RIGHT BREAST
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY/
3 1/16/56 CARCINONA (METASTATIO	C) OF ADRENAL GLANDS YES NO [
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
alive on Feb. 6, 1956, and that death occurred at SIGNATURE SIGNATURE M 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	7:05A M from the causes and on the date stated above. ADDRESS DATE SIGNED 2/6/5 D. The Clinical Center, NIH, Bethesda, Md. ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) 2-6-56	Atlantic Give
	Roberta Sumpling Bethesda Md



OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2009 1910 CERTIFICATE OF DEATH Reg. Dist. No. 222

1010 0111111111111111111111111111111111	teg. Dist. 10. xx
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY M BUT O DMOC 4 MARYLAND MO	STATE Same COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest bown) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR
TOWN Janoma Fark Rym.	TOWN 17
HOSPITAL OR INSTITUTION OR TO STREET ADDRESS 7018 Paplar And	STREET (If rural give location) ADDRESS
DECEASED: (Type or Print) Jane K Van	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 20 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Minight	9. AGE last birthday IF UNDER 1 YEAR HOURS Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retined):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
JOHN HENRY OF	Flen Mc Gillicuty.
(Yes, no, or unk.) (If Yes, give war or dates of service)	6-423 - Austin Van Wooten - Husban Jud
18. MEDICAL CERTIFICAT	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
356 MMEDIATE CAUSE (A) Works	une bulbar Rouphyres 3 years
ANTECEDENT CAUSE (8)	maturitie lateral begins of
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	topi to processo of the
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Vme
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	usual physician to out of tarin (son
22. I hereby certify that I attended the deceased from	, 1954, to, 19, that I last saw the deceased
alive on, 19, and that death occurred at	ADDRESS (1 4/1/1 FDADE STEPLED 45
	ERY OR CREMATOR LOCATION (City, town, of county) (State)
DATE REC'D BY LOCAL REGISTARES SIGNATURE	24. FUNERAL DIRECTOR ADDRESS 4817 - 4817 - 4817

Note: This pt was terminal a was seen by G.
Schreiber on 1974 to. He is now deil
of lain & I am corner q his prostest.
House Houston, f.

BUREAU V. S.

FEB 23 1956

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(Type or P 5. SEX:

IOA. USUAL O

13. FATHER'S

18. WAS DECEASE

(Yes, no, or un

TO THE DE DISEASE C 19A. DATE OF

21A. ACCIDEN

OR CONTRIBU (IF EITHER, NOT 21D. TIME (Me

item of information carefully.

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VS.	

maryland state departmen 2020 CERTIFICATI		No. 03018)
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
Marked	mal M	an Saanen
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY COUNTY CITY (If outside corporate limits, write RURAL a	
OR and give nearest town) TOWN Sellerda 3 month	TOWN Bellesda Mel	×
HOSPITAL OR NOTE INSTITUTION OR FROME RESERVED ADDRESS 6912 Redgewood ave	STREET (If rural give location) ADDRESS 6912 Redgered as	unou
B. NAME OF (Erst) (Middle) DECEASED: (Type or Print) O and Former	(Last) 4. DATE (Month) (I) OF DEATH: Lel	Oay) (Year) 3 - 19 56
6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 2/	9/52 3 yrs.	ays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Yes, no, or unk.) (If Yes, give war or dates of service)	Jaller Carles W W hee	les Esthers
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ion beautiful in the control of the	INTERVAL BETWEEN
IMMEDIATE CAUSE (A)	rama	o weeks
ANTECEDENT CAUSE (\$)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO
1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
1b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	

OF INJURY 22. I hereby certify that I attended the deceased from

19 56 to 3, 19 56 that I last saw the deceased

death occurred at 2.30pM, from the causes and on the date stated above. alive on .. SIGNATURF ADDRESS DATE SIGNED

DATE THEREOF 23. BURIAL, CREMATION, Burial-Transit 2-3-56

NAME OF LOCATION CEMETERY OR CREMATORY Rest Land arMorris

(City, town, or county) (State) Co., New Jersey

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

Bethesda, Md.

LEB 6 1950 PECEIVE COUNTY

3. NAME OF

5. SEX:

-emal

DECEASED:

No

21. ACCIDENT

SUICIDE

INJURY

SIGNATURE

HOMICIDE

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: OH 5 mgr MARYLAND STATE COUNTY CITY (If outside corporate linelts, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town (in this place) okomo TOWN SHING 0 H HOSPITAL OR (If rural, give location) STREET INSTITUTION OR ADDRESS 1410 V Street, S.E. STREET ADDRESS (First) (Middle) 4. DATE (Last) (Month) (Day) (Year) OF 0 (Type or Print) Innie DEATH: COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 24 HRS. IF UNDER 1 YEAR RACE: WIDOWED, DIVORCED, Months Days Hours (Specify): Widowod 401165063 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country): work done during most of working life, INDUSTRY: COUNTRY? even if retired) : House wife 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME umah 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) None hina 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH 19184C Immediate cause DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the discase or condition causing death, 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: 20. AUZOPSY 2 Yes No PLACE (Home, farm, factory, street, (Specify) (CITY OR TOWN) (COUNTY) (STATE) OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while M. work [at work I hereby certify that I attended the deceased from 12/30, 1952, to 2/18, 1956, that I last saw the deceased alive on F. 6, 1956, and that death occurred at 15 4 m., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from (DEGREE OR (NTLE) ADDRESS DATE SIGNED Proll 23. BURIAL, CREMATION DATE THEREOF CREMATORY LOCATION (City, town, or county) NAME OF CEMETERY OR (State) REMOVAL (Specify): 2/20/56 Prince George County. Cedar Hill Md. Cemeterv DATE REC'D BY LOCAL BECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

SCEDAED.

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1921 CE	RTIFICATE	OF	DEATH

eg. Dist. No. 216

2321 CERTIFICATE	E OF DEATH Reg. Dist.	. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: /
COUNTY Montgomery MARYLAND	STATE COUNTY // COUNTY // STATE	toomerel_
CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL)	nd give nearest town)
A July	STREET (If raral give location)	411
HOSPITAL OR Resmor Sanibarium STREET ADDRESS 5721-Grosvenor Lane	ADDRESS 166/ Crescent	Place
	(Last) 4. DATE (Month) (1	Day) (Year)
11372 01 111111	kins OF DEATH: Feb	1 19 56
F 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify): Jug le Fel. 2	OF BIRTH: 9. AGE last birthday Frunder 1 V Months D	Bays Hours Min.
work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME: T. Wilkins	Hannah Weathal	4
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, por or unk.) (If Yes, give war or dates of service)	Sanitarium Records	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	•	ONSET AND DEATH
420.1 IMMEDIATE CAUSE (A) Carebral +	ascular accedent	4 months
ANTECEDENT CAUSE (\$)	occlusion with surpeartial	5 months
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	o comment may be	201400
(C) Ne pertus	sion arterio solverois -	20 years -
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		YES NO NO
21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, fact OR CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
SIGNATURE /		stated above.
	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS W

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful

MARGIN RESERVED FOR BINDING

DECENTE

BUREAU V. S.

EEB 6 1956

198. MAJOR FINDINGS OF OPERATION

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(IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work 22. I hereby certify that I attended the deceased from War 14, 1955, to 1209, 1956, that I last saw the deceased

218. PLACE (Home, farm, factory.

OF INJURY street, office bldg., etc.

1956, and that death occurred at 9 A M, from the causes and on the date stated above. alive on SIGNATURE DATE SIGNED Remede

M. D. 23 BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2-10-5

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

21c. WHERE DID (City or town)

INJURY OCCUR?

(Day)

COUNTRY?

(Year)

19

ONSET AND DEATH

2 wolvs

20. AUTOPSY? YES T

(County)

NO

(State)

IF UNDER 24 HRE.

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FEB 14 1956

DECENTED

PLEASE

A15

VS.

MARYLAND STATE DEPARTMEN	T OF HEALTH DALTIMODE 10 (19)11
1040	
1912 CERTIFICATI	E OF DEATH Reg. Dist. No. 2 6.5
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONT GIMENY MARYLAND CITY (If outside corporate limits, write RULAL OR and give nearest town) TOWN FOR MONTH PARK. MO. HOSPITAL OR INSTITUTION OR STREET ADDRESS WAShington Sand Hospital	STATE MAY AND COUNTY MONTH STATE CITY (If outside corporate limits, write RORAL and give nearest town) OR TOWN POLY MAY AND STREET (If ryfal give location) ADDRESS ADDRESS
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Py W 1.50	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: I - 19 - 5/19
5. SEX: 6. COLOR OR 7. SINGLE MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Married 2	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR Months Days Hours Min. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, or INDUSTRY: even if retired):	Jen tuck America
13. FATHER'S NAME: Are muller. 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. BOGIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME: 17. INFORMANT, & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Dert Herman
18. MEDICAL CERTIFICAT	17.1 0.011 1.100 1.000 1.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Cerebral Hemorrhage
ANTECEDENT CAUSE (S)	7 01. 00'
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	ordinare Cardio vascula Holase
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
alive on 2/19, 19 %, and that death occurred at	5-12 DM, from the causes and on the date stated above. ADDRESS DATE SIGNED 2119156
DATE REC'D BY LOCAL (REGISTRATE) S SIGNATURE / A	ERY OR CREMATORY LOCATION City with or county) (State)
REGISTRAR CMGST TEVI SAM TOTAL	* I m l soil la con soil to the

LEB 31 1956

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 1			210:
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	county Montgomery MARYLAND	state Maryland county Montgo	mery
	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Chevy Chase LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Chevy Chase	give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 4717 Morgan Drive	STREET (If rural, give location) ADDRESS 4717 Morgan Drive	/
	3. NAME OF DECEASED: (Type or Print) Margaret his Loud 10	(Last) 4. DATE (Month) (Day) OF DEATH 746. 16	(Year) 19 5 Z
	Female White Specify: Widowed Unkn		Ilours Min.
0	work done during most of work life, even if retired): Christian Science Praction		CITIZEN OF WILAT COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Unknown	Unknown	
8	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of NO NONE	17. INFORMANT & ADDRESS: Margaret Boland - Niece 4717 Morgan Dr	we More- Ch.Ch.Md
		AL CERTIFICATION	Interval Between
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	,	ONSET AND DEATH
	Immediate cause (a) Carcuma /	Lower mistral	
	Antecedent cause(s)	in . T = .	92.
	Diseases or conditions, if any, (b)	for hor believes between the contraction of	
	stating underlying cause last (c)		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No No
1	21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ OF street, office bldg., etc. CAUSE OF DEATH. 21b. PLACE (Home, farm, factory OF street, office bldg., etc. INJURY)	,,	(State)
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. work \[\]	21f. HOW DID INJURY OCCUR?	
4	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection [],	Inquiry , and
	find that death resulted from: Natural causes , Acciesionature	dent [], Suicide [], Homicide [], Undetern	nined cause [].
	Though O Broschast	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	2-16-57
	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
	Bremation 2-1/-30 Cedar Hill		Md
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 17 56 Bessie M. Homkeon	24. FUNERAL DIRECTOR Color a. Complicing Be	the sda, Ind

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

DECEIVED 30 1956

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2.22.22.2			,	~~	
MEDICAL	EXAMINER'S	CERTIFIC	ATE OF	DEATH	No 21

MEDICAL EXAMINER'S CER.	INICATE OF DEATH	No. 2
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MORTA MARYLAND	STATE mel COUNTY bunt	9
CITY (If outside converate limits, write RURAL (in this place) TOWN TOWN Control Contr	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Selver Spring (Rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Whey Mil	STREET ADDRESS R.F. (If rural, give location)	/
3. NAME OF DECEASED: (First) (Middle) (Type or Print) William Pliver Woo	(Last) 4. DATE (Month) (Day) Award DEATH + 26	(Year) 19 5 %
6. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Daniel 1-19.	OF BIRTH: 9. AGE last birthday: IF UNDER I YE 1892 6 y yrs. Months Day	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	ha O	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		
Jame F. Woodward prany E. Spenier		
15. Was Deceased Ever In U.S. Armed Forces? (Yes. no, or unk.) (If Yes, give war or dates of service)	R. M. Wordwar (brother) Sum	ues 2
18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Corrary	sechision	1/2 Tra
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes 🗌 No 🛛
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while work at work		
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and		
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .		
SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER A SSISTANT MEDICAL EXAMINER 2 2 1 1 7		
M. D. ADDITANT MEDICAL BAAM.		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		
DOTE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. MINERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

ozet a AAN:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Bethesda, Md.

Reg. Dist. No. 4 carefully 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED. legibly Montgomery STATE Maryland county Montgomery COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITYIIf outside corporate limits, write RURAL and give nearest town) and (in this place) OR and give nearest town) OR information TOWN Bethesda TOWN Bethesda HOSPITAL OR STREET (If rural give location) clearly INSTITUTION OR ADDRESS 8708 Melwood Road 8708 Melwood Road STREET ADDRESS (First) (Middle) (Last) 3. NAME OF DATE (Month) (Day) (Year) death of DECEASED VERNA Feb. (Type or Print) DEATH: item 5. SEX: 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED, Jo RACE: Months Days Hours (Specify): Widowed every causes OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired): Housewife Housewife Indiana Supply the 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Harriet Anderson James S. Whitley te 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO. Mrs. Mary 18. WAS DECEASED EVER IN U.S. ARMED FORCES? WI M. (Yes, no, or unk.) (if Yes, give war or dates Daughter-8708 Melwood Rd. Beth None Z of service) se NO 10 ea MEDICAL CERTIFICATION ADING INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Physicians IMMEDIATE CAUSE UNF DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY DISEASE OR CONDITION CAUSING DEATH impo 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? especially YES [NO X 218. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21A. ACCIDENT WAS UNDERLYING [] 21c. WHERE DID (City or town) (County) (State) WRITE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED While Not while 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while OF "INJURY at work at work 02 OR 22. I hereby certify that I attended the deceased from ______, 1950, to -c b 5, 1956 that I last saw the deceased 6 and that death occurred at 545 AM, from the causes and on the date stated above. TYPI SIGNATURE ADDRESS DATE SIGNED SE LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) PLEA National Mem. Park Fairfax Co. Buria DATE REC'D BY LOCAL ADDRESS

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BINDING

FOR

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DECENDED

BUREAU V. S.

RESERVED

The

CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly Maryland COUNTY Monloomers COUNTY Monigomery CITY (If outside corporate limits, write RURAL, LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give pearest town) and OR and give nerrest town)
TOWN Kensing tou (in this place) Kensington TOWN TOWN H rural give location) 10106 Summit Ave. DATE (Month) (Day) (Year] 956 February 9. AGE last birthday IF UNDER I VEAR Months Days Hours 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT niece INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? NO Z YES [(County) (State) 1947, to Feb 27, 1956, that I last saw the deceased and that death occurred at / 00 M, from the causes and on the date stated above.

ADDRESS OF DATE SIGNED LOCATION (City, town, or county) REMOVAL (SPECIFY) Burial Washington, D.C. DATE REC'D BY LOCAL SIGNATURE 2901 14th St. N.W REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BECEINED